

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90365 025 ***150.00

DOCUMENT # P98000011055

1. Entity Name
QUALITA LEASING CORPORATION



Principal Place of Business
1101 BRICKELL AVE.
SUITE 702
MIAMI FL 33129

Mailing Address
1101 BRICKELL AVE.
SUITE 702
MIAMI FL 33129

2. Principal Place of Business

1101 BRICKELL AVE

3. Mailing Address

1101 BRICKELL AVE

Suite, Apt. #, etc.

SUITE 701-South Tower

Suite, Apt. #, etc.

SUITE 701-South Tower

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33130

Country

DADE

Zip

33130

Country

DADE



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0810766

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA CRUZ, LUIS F JR
241 SEVILLA AVE STE 805
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

L. E. Camargo MARIO E. CAMARGO

04/30/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CAMARGO, MARIO
STREET ADDRESS 241 SEVILLA AVE STE 906
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE SVD
NAME CAMARGO, MARIO E
STREET ADDRESS 241 SEVILLA AVE STE 906
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CAMARGO, MARIO
STREET ADDRESS 1101 BRICKELL AVE, SUITE 701 SOUTH TOWER
CITY-ST-ZIP MIAMI, FL 33131 ☒ Change ☐ Addition

TITLE SVD
NAME CAMARGO, MARIO E.
STREET ADDRESS 1101 BRICKELL AVE, SUITE 701 SOUTH TOWER
CITY-ST-ZIP MIAMI, FL 33131 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

L. E. Camargo MARIO E. CAMARGO

04/30/03 305 448 1010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0341101021