2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083863

1. Entity Name
R & S Leasing Corporation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 SEP 26 PM 3:34

Principal Place of Business | Mailing Address

~~W01000020542~~

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 10932 N.W. 7 Ave	3. Mailing Address: 10936 N.W. 7 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl.	City & State: Miami Fl.
Zip: 33168 Country: USA	Zip: 33168 Country: USA

4. FEI Number: 65-0869150 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSE RAUL GARCIA
1342 W. 79 ST
HIALEAH FL. 33014

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.

SIGNATURE [signature] DATE 9/19/01

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D JOSE RAUL GARCIA, 1342 W. 79 ST, HIALEAH FL 33014 ☐ Delete	☐ Change ☐ Addition — 600004618296--4 -10/01/01--01072--002 ***1050.00 ***1050.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JOSE RAUL GARCIA Pres./DIR 4/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #