2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000022042

1. Entity Name
KALER AUTO LEASING, INC.

0396324 AV

FILED
Apr 04, 2003 8:00 am
Secretary of State
04-04-2003 90086 021 ***150.00

Principal Place of Business	Mailing Address
10904 LA SALINAS CIRCLE	10904 LA SALINAS CIRCLE
BOCA RATON FL 33428	BOCA RATON FL 33428

2. Principal Place of Business
4498 N. Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address
4498 N. Dixie Hwy
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State *OAKLAND PK*
City & State *FLA*

Zip *33334* Country *Broward*
Zip ___ Country *USA*

4. FEI Number 65-0913225
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KARLIN, RONALD 10904 LA SALINAS CIRCLE BOCA RATON FL 33428	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 _____
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME KARLIN, RONALD STREET ADDRESS 10904 LA SALINAS CIRCLE CITY-ST-ZIP BOCA RATON FL 33428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/02)

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