

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90114 027 \*\*\*150.00

DOCUMENT # P99000028275

1. Entity Name **KISKEYA LEASING CORPORATION**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1221 Brickell Avenue**

3. Mailing Address  
**1221 Brickell Avenue**

Suite, Apt. #, etc.  
**24th Floor**

Suite, Apt. #, etc.  
**24th Floor**

City & State  
**Miami, Florida**

City & State  
**Miami, Florida**

4. FEI Number  
**65-0926652**

Applied For  
Not Applicable

Zip  
Country  
**USA**

Zip  
Country  
**USA**

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**Pedro A. Martin, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**Greenberg Traurig, P.A.**

**1221 Brickell Avenue, 24th Floor**

City  
**Miami** **FL** Zip Code  
**33131**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VPD**  
**Pedro A. Martin**  
**1221 Brickell Avenue, 24th Floor**  
**Miami, Florida 33131**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD**  
**Pedro Martin, Sr.**  
**3010 N.W. 79th Avenue**  
**Miami, Florida 33122**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Pedro Martin**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/02**  
Date

**305-591-9365**  
Daytime Phone #

CR2E034B (12/01)