2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040869

1. Entity Name

BELL TOOLS RENTAL, CORP

FILED
01 AUG -2 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
215 NW 22nd Ave Miami, FL 33125	215 NW 22nd Ave Miami, Fl 33125

2. Principal Place of Business	3. Mailing Address
215 NW 22 Ave	
Suite, Apt. #, etc. M	Suite, Apt. #, etc.
City & State Miami Fl	City & State
Zip 33125 / Country Dade	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0919379 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEON, EUSEBIO A
420 N.W. 22nd Ave
Miami, Fl 33125

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] 4/24/01
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) ☐

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 LEON, EUSEBIO A 7420 NW 22nd Ave MIAMI, FL 33125 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800004533908--4 -08/14/01--01052--001 ****300.00 ****300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V P LEON, ARMANDO P 6475 SW 130TH PL #402 MIAMI, FL 33183 XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800004533908--4 -08/14/01--01052--002 ******8.75 ******8.75
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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] 4/24/01 305-6197161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #