

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

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DOCUMENT # *P99000407869*
1. Entity Name
Value Leasing Company Inc.

FILED

02 AUG -5 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500007016695--9
-08/09/02--01020--023
***300.00 ***300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20801 Biscayne Blvd
Suite, Apt. #, etc.
#403
City & State
Aventura, FL
Zip
33180
Country

3. Mailing Address
20801 Biscayne Blvd
Suite, Apt. #, etc.
#403
City & State
Aventura, FL
Zip
33180
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0968107
Applied For
Not Applicable

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
Kleiman, Morris
Street Address (P.O. Box Number is Not Acceptable)
1602 Aton Rd.
#494
City
M. Beach FL Zip Code
33139

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 *Morris Kleiman* (NOTE: Registered Agent signature required when reinstating) DATE *8/2/02*

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	TITLE NAME STREET ADDRESS CITY - ST - ZIP
<i>(P) Morris Kleiman 1602 Aton Rd. #494 M. Beach, FL 33139</i>	
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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: *Morris Kleiman* DATE: *8/2/02* Daytime Phone #

Prop Lett

Value Leasing Company, Inc.

Aventura Corporate Center *604-7930*

20801 Biscayne Blvd. Suite 403 • Aventura FL 33180 • Tel: 305-932-3089 • Fax: 305-534-9376

7/31/02

To: Florida Department of State,
Gentlemen:

The Reason Business Report was
not filed is I did not receive one.
I am a senior citizen working few
hours a week.

Please wave my late fees.

*Thank you
Monte
Monte*