

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

DOCUMENT #P99000107809

1. Entity Name

VALUE LEASING COMPANY, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

04 JAN 30 PM 12:32

**DO NOT WRITE IN THIS SPACE**

**REINSTATEMENT 03-04**

2. Principal Place of Business

20801 BISCAYNE BLVD

Suite, Apt. #, etc.

Suite 403

City & State

AVENTURA FL

Zip

33180 Dade

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

05-0968107

Applied For

No. Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

MORRIS KLEIMAN

Street Address (P.O. Box Number is Not Acceptable)

1602 ALTON AD #484

City

MIAMI 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. I am familiar with, and I accept the obligations of registered agent.

SIGNATURE

Morris Kleiman

Signature of the individual named as registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/26/04

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE: PRES.  
NAME: MORRIS KLEIMAN  
STREET ADDRESS: 1602 ALTON AD #484  
CITY-ST-ZIP: MIAMI BEACH FL 33139

TITLE: NAME: 300028309223  
STREET ADDRESS: 02/05/04-01063-023 \*\*300

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

SIGNATURE:

Morris Kleiman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04

Date

On time Filing

CR-210-340 (12-02)

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314


TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



MORRIS KLEIMAN  
PRESIDENT