

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000111928**

1. Entity Name

**AMCAR LEASING, INC.**

Principal Place of Business

**7700 NW 81ST PLACE  
MIAMI FL 33166**

Mailing Address

**7700 NW 81ST PLACE  
MIAMI FL 33166**

2. Principal Place of Business

Suite, Apt. #, etc.

**Suite #1**

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

**Suite #1**

City &amp; State

Zip

Country

4. FEI Number **65-0980601**

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

**REISMAN, JOSEPH B  
ONE S.E. 3RD AVE.  
SUITE 3050  
MIAMI FL 33131**

Name

**Henk H Geenen**

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

**7700 NW 81 Place #1**

City

**Miami****FL**Zip Code  
**33166**

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

**Henk H Geenen****03-26-01**

Signature typed or printed name of registered agent not 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	<b>PTD GEENEN, HENK 7700 NW 81ST PLACE MIAMI FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD VLIET, ROBERT A. VAN 7700 NW 81ST PLACE MIAMI FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:****Henk H Geenen****03-26-01****(305) 599-8866**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**00031802**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)