

**2000 UNIFORM BUSINESS REPORT (UBR)**

8/8/

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90005 013 \*\*\*150.00

**DOCUMENT # P99000045540**

1. Entity Name  
**E.A.A. LEASING INC.**

(R)

Principal Place of Business 1610 ROCK LAKE DRIVE ORLANDO FL 32805	Mailing Address 1610 ROCK LAKE DRIVE ORLANDO FL 32805
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3578769</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<p><b>6. Name and Address of Current Registered Agent</b></p> <p><b>ANDREU, EDUARDO A</b>  <b>1610 ROCK LAKE DRIVE</b>  <b>ORLANDO FL 32805</b></p>	<p><b>7. Name and Address of New Registered Agent</b></p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>City _____ <b>FL</b> Zip Code _____</p>
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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 \_\_\_\_\_ *See enclosed, Please*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p><b>FILE NOW!!! FEE IS \$550.00</b>  <b>After SEPTEMBER 13, 2000 Min. will be \$750.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b></p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N 11)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREU, EDUARDO A 1610 ROCK LAKE DRIVE ORLANDO FL 32805	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<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: *Eduardo A. Andreu* **EDUARDO A. ANDREU** *10728 00* *408* *885-5684*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *10728 00* Daytime Phone # *408 885-5684*

CFR2E034 (5/00)

Attachment # P99000045540



107637

July 28, 2000

E.A.A. LEASING  
59-3578769  
1610 ROCK LAKE DRIVE  
ORLANDO, FL 32805

We / I never received a UBR prior to the enclosed form. This is our first year.  
As instructed, sending you this note along with the amount of \$150.00.

Thanking you for your assistance,

A handwritten signature in cursive script, appearing to read "Eduardo A. Andreu".

Eduardo A. Andreu