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

SIGNATURE:

## Jan 27, 2001 8:00 am DOCUMENT # 321930 **Secretary of State** 1. Entity Name FERRO LEASING CORPORATION 01-27-2001 90077 037 \*\*\*150.00 Principal Place of Business Mailing Address **SUITE 1905** D0008863 11111 BISCAYNE BLVD 11111 BISCAYNE BLVD MIAMI FL 33181-3404 MIAMI FL 33181-3404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1196294 Not Applicable - Country Zip Zio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FUERRING, RALPH R Street Address (P.O. Box Number is Not Acceptable) 11111 BISCAYNE-196713 **MIAMI FL 33181** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CHZE034 (10/00) Change ☐ Addition TITLE Delete TITLE NAME NAME FEUERRING.RALPH STREET ADDRESS STREET ADDRESS 11111 BISCAYNE BLVD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33181 ☐ Delete TITLE ☐ Change TITLE ASD NAME NAME FEURRING, MARLENE STREET ADDRESS STREET ADDRESS 263 OLIVER'S COVE LANE CITY-ST-ZIP CITY-ST-ZIP WATER MILL NY 11976 TITLE ☐ Delete Change Addition NAME HILL, NICOLE HILL NICOLE HAMPTON ROAD STREET ADDRESS STREET ADDRESS **6 HAMPTON ROAD** RCHASE NY 10577 CITY-ST-ZIP CITY-ST-ZIP PURCHASE NY 10577 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR