2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 13, 2001 8:00 am DOCUMENT # G43410 Secretary of State 1. Entity Name HI-TECH LEASING, INC. 03-13-2001 90315 037 ***158.75 Principal Place of Business Mailing Address 3040 E COMMERCIAL BLVD 3040 E COMMERCIAL BLVD P.O. BOX 198 P.O. BOX 198 POMPANO BEACH FL 33061 POMPANO BEACH FL 33061 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2302948 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINI. RONALD A. Street Address (P.O. Box Number is Not Acceptable) 3040 E COMMERCIAL BLVD FT. LAUDERDALE FL 33308 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. STD ☐ Addition TITLE ☐ Delete TITLE: Change AQUINO, DIANE NAME NAME 3040 E COMMERCIAL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP PD ☐ Delete Change ☐ Addition TITLE TITLE MARTINI, RONALD A. NAME NAME 3040 E COMMERCIAL BLVD STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-7IP CITY-ST-ZIP Delete__ ☐ Addition TITLE ☐ Change TITLE BECKER, NORMAN NAME NAME 3040 E COMMERCIAL BLVD STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition ☐ Delete TITLE TITLE 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 ☐ Addition TITLE ☐ Delete TITLE Change 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.