## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # May 19, 2000 8:00 am 417543 1. Entity Name Secretary of State MANOR MOTORS LEASING CORPORATION 05-19-2000 90049 024 \*\*\*150.00 Principal Place of Business Mailing Address 8814 SW 131st STREET 8814 SW 131st STREET MIAMI, FLORIDA 33176 IMIAMI, FLORIDA 33176 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State Not Applicable 59-1578658 Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PASSAFIUME, ANTHONY P. Street Address (P.O. Box Number is Not Acceptable) 8814 SW 131st STREET MIAMI, FLORIDA 33176 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. □ Change Addition CR2E034 (9/99 PRESIDENT ☐ Delete TITLE. TITLE NAME PASSAFIUME, ABTHONY P. STREET ADDRESS STREET ADDRESS 8814 SW 131ST STREET CITY-ST-ZIP CITY-ST-ZIP MTAMI, FI. 33176 ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -- Change -- Addition .Delete \_\_\_ TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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.