

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 584751****1. Entity Name**
SAVE ENERGY LEASING, INC.**Principal Place of Business****40 ISLAND AVE**
MIAMI BCH FL 33139**Mailing Address****40 ISLAND AVE**
MIAMI BCH FL 33139**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**City & State****4. FEI Number** **13-2956387****Applied For**
Not Applicable**Zip****Country****Zip****Country****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****EDELSTEIN, CHUCK**
40 ISLAND AVENUE
MIAMI BEACH FL 33139**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****City****FL****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)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **PD** ☐ **Delete**
NAME **EDELSTEIN, AARON J.**
STREET ADDRESS **201 E. DILDO DR.**
CITY-ST-ZIP **MIAMI BEACH FL****TITLE** **D** ☐ **Delete**
NAME **EDELSTEIN, BERNARD S.**
STREET ADDRESS **1221 BISCAYA DR.**
CITY-ST-ZIP **MIAMI BEACH FL****TITLE** **S** ☐ **Delete**
NAME **EDELSTEIN, MARGARET**
STREET ADDRESS **9341 COLLINS AVE. #708**
CITY-ST-ZIP **MIAMI BEACH FL****TITLE** ☐ **Delete**
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CITY-ST-ZIP**TITLE** ☐ **Delete**
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CITY-ST-ZIP**TITLE** ☐ **Delete**
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CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
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CITY-ST-ZIP**TITLE** ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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.****SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90300 014 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)