2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 844943

1. Entity Name

SHA-LI LEASING ASSOCIATES, INC.



FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90079 046 ***150.00

ce of Business IT RIDGE RD NJ 07645	85 CHES	Mailing Address 85 CHESTNUT RIDGE RA MONTVALE NJ 07645			F. 4								
Principal Place of Business 3. Mailing Address											1 11		
. #, etc.	Suite, A	Suite, Apt. #, etc.] CHECK	HERE I	F MAKING	CHANGES	· }		
te		City & State			4.	4. FEI Number 22-2069503 Applied For Not Applied					• •	_	
Zip Country			Zip Countr			5. Certificate of Status Desired			esired	\$8.75 Additional Fee Required			
6. Name	and Address of Currer	nt Registered A	Agent	a	Name	.7. (Name and A	ddress of	New Re	gistered A	gent -		7
					Street Addres	ss (P.O. E	Box Number	is Not Acc	eptable)				\exists
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	YUA-				City					FL	1 '		
		for the purpose	of changing its re	gistere	ed office or regis	stered ag	ent, or both,	in the Sta	te of Flori	ida. I am fa	amiliar with,	and accept	
Signature, typed	or printed name of registered ages	nt and title if applicable	le. (NOTE: R	Registered	I Agent signature requ	uired when re	einstating)			DATE			
r May 1, 200	3 Fee will be \$550.00										\$5.0 Adde	00 May Be . d to Fees	
	OFFICERS ANI	D DIRECTORS		11.		ΑC	DITIONS/C	HANGES T	TO OFFIC	CERS AND	DIRECTOR	S IN 11	\dashv
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85 CHEST	NUT RIDGE RD		☐ Delete	NAME STREE	ET ADDRESS	1					☐ Change	Addition	
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	Place of Busin. #, etc. te 6. Name PORATION S PINE ISLAND ION FL 333: e named entity tions of registe Signature, typed R May 1, 200 k Payable to PD PRUSSIN, 21 HASTIN TENAFLY AVP HERBASZ, 85 CHEST MONTVALI	Place of Business #, etc. Country 6. Name and Address of Currer PORATION SYSTEM PINE ISLAND ROAD ION FL 33324 e named entity submits this statement tions of registered agent. Signature, typed or printed name of registered age ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department OFFICERS ANI PD PRUSSIN, GEORGE 21 HASTINGS DR TENAFLY NJ AVP HERBASZ, HANNA 85 CHESTNUT RIDGE RD MONTVALE NJ	Place of Business 3. Mailing #, etc. Country Zip 6. Name and Address of Current Registered A PORATION SYSTEM PINE ISLAND ROAD ION FL 33324 e named entity submits this statement for the purpose tions of registered agent. Signature, typed or printed name of registered agent and title if applicab FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of State OFFICERS AND DIRECTORS PD PRUSSIN, GEORGE 21 HASTINGS DR TENAFLY NJ AVP HERBASZ, HANNA 85 CHESTNUT RIDGE RD MONTVALE NJ	# etc. Suite, Apt. #, etc. Country Zip 6. Name and Address of Current Registered Agent PORATION SYSTEM PINE ISLAND ROAD ION FL 33324 e named entity submits this statement for the purpose of changing its retions of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. FOR YELLOW!!! FEE IS \$150.00 If May 1, 2003 Fee will be \$550.00 R Payable to Florida Department of State OFFICERS AND DIRECTORS PD Delete PRUSSIN, GEORGE 1 HASTINGS DR TENAFLY NJ AVP Delete Delete	# etc. Suite, Apt. #, etc. Country Zip Country City & State Country Zip Country Country City & State Country Zip Country City & State Country Zip Country Country City & State CORATION SYSTEM Country City & State CORATION SYSTEM City & State Country Country	# SCHESTNUT RIDGE RA MONTVALE NJ 07645 Suite	TRIDGE RD # S CHESTNUT RIDGE RA MONTVALE NJ 07645 State	## SOMESTRUIT RIDGE RA MONTVALE NJ 07645 ## OFFICERS AND DIRECTORS Country Some content of the purpose of changing its registered Agent agritude required when revisiting to for Payable to Florida Department of State Country Some content of the purpose of changing its registered Agent agritude required when revisiting to for Payable to Florida Department of State Country Some content of the purpose of changing its registered office or registered agent, or both, tions of registered agent. Country Some content of the purpose of changing its registered office or registered agent, or both, tions of registered agent. Country Some content of the purpose of changing its registered office or registered agent, or both, tions of registered agent. Country Street Address (P.O. Box Number of S	TRIDGE RD SOCKESTNUT RIDGE RA MONTVALE NJ 07645 #, etc. Suite, Apt. #, etc. Check Country Zip Country S. Certificate of Status D.	TRINGE RO SI GRESTNUT RIDGE RA MONTYALE NJ 07645 1	TRIDGE RD SECKESTRUIT RIDGE RA MONTVALE NJ 07845 **MONTVALE NJ 07845 **JOPES** **JOPE	## NOTES NO MONTVALE NJ 07645 ## NOTES NO	# FINDER RO SCREAM MONTVALE N 07645 **S. UTRES **MONTVALE N 07645 **S. UTRES **S. Certificate of Status Desired **S. Certificate of Status Desired **S. R Additional Free Required **ORATION SYSTEM **ORATION SYSTEM **PINE ISLAND ROAD **INCHER ISLAND **INCHER ISL

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NOUVORTONDIO OF OUR HANNA HERBASZ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTAL. VICE President

01-13-03

(201) 385 - 3700