

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90035 048 ***150.00

DOCUMENT # F00000002648

1. Entity Name

~~E-LEASINGHUB.COM, INC.~~

ONMARK CORPORATION

NC
FLP
4/10/01
ARM

Principal Place of Business

9130 GUILFORD ROAD
COLUMBIA MD 21046

Mailing Address

9130 GUILFORD ROAD
COLUMBIA MD 21046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 06-1576820

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	NORWICZ, MARK	
STREET ADDRESS	9130 GUILFORD ROAD	
CITY-ST-ZIP	COLUMBIA MD 21046	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHOQUETTE, DENIS	
STREET ADDRESS	13697 LONGS LANDING ROAD, WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHOONMAKER, JIM	
STREET ADDRESS	200 HIGHLAND AVE.	
CITY-ST-ZIP	NEEDHAM MA 02494	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIYAD ABU-SHARR	
STREET ADDRESS	9130 GUILFORD RD.	
CITY-ST-ZIP	COLUMBIA, MD 21046	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy RATCLIFFE	
STREET ADDRESS	9130 GUILFORD RD.	
CITY-ST-ZIP	COLUMBIA, MD 21046	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARON GALINOVSKY	
STREET ADDRESS	50 BRAINTREE HILL OFFICE PARK, SUITE 207	
CITY-ST-ZIP	BRAINTREE, MA 02184	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONATHAN KISLAK	
STREET ADDRESS	7900 MIAMI LAKES DR.	
CITY-ST-ZIP	MIAMI LAKES, FL 33016	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TALK KIERVIN	
STREET ADDRESS	77 KING ST. TRUST TOWER, SUITE 4010	
CITY-ST-ZIP	TORONTO, ONTARIO M5K 1H1 (Canada)	
TITLE	PRESIDENT, CEO, DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENIS CHOQUETTE	
STREET ADDRESS	9130 GUILFORD RD.	
CITY-ST-ZIP	COLUMBIA, MD 21046	

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:

Nancy Ratcliffe

7/24/01

904221-6757

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0877101

CR2E034 (10/00)

Attachment Doc # F00000002648 A0082352

Onmark Corp.
9130 Guilford Rd
Columbia
Maryland 21046

8/17/2001

Department of State

**150.00

One Hundred Fifty and 00/100*****

Filing Fee FL

Department of State			8/17/2001			
Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
07/24/2001	Bill	Filing Fee FL	150.00	150.00	0.00	150.00
				Cheque Amount		150.00

Harris - Operation	Filing Fee FL	150.00
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