

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90332 036 ***550.00

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FP

DOCUMENT # F02000001796

1. Entity Name
HARBORAGE LEASING CORP.



Principal Place of Business
**CPA-585 STEWART AVE. #409
ATTN: LENNY BLUM, CPA
GARDEN CITY NY 11530**

Mailing Address
**CPA-585 STEWART AVE. #409
ATTN: LENNY BLUM, CPA
GARDEN CITY NY 11530**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **02-0472771**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSS, DIANA C
1700 NE 26TH STREET #4
FT. LAUDERDALE FL 33305-1413**

Name **ROSS, DIANA C**
Street Address (P.O. Box Number is Not Acceptable)
5200 NE 14 WAY #303
City **FT LAUDERDALE FL** Zip Code **33334**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

[Signature]
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	TERASKIEWICZ, EDWARD	
STREET ADDRESS	CPA-585 STEWART AVE. #409	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TERASKIEWICZ, MARIE	
STREET ADDRESS	CPA-585 STEWART AVE. #409	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FERRARO, LISA	
STREET ADDRESS	CPA-585 STEWART AVE. #409	
CITY-ST-ZIP	GARDEN CITY NY 11530	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BLUM, LENNY	
STREET ADDRESS	CPA-585 STEWART AVE. #409	
CITY-ST-ZIP	GARDEN CITY NY 11530	
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"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **BLUM** **2/7/03** **516-745-0088**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (4/03)