

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2000 08:00 AM
Secretary of State

DOCUMENT # F93000001288

1. Entity Name
KLC KEYSTONE LEASING, INC.

Principal Place of Business C/O UNICAPITAL CORPORATION 10800 BISCAYNE BLVD., STE 800 MIAMI FL 33161	Mailing Address C/O UNICAPITAL CORPORATION 10800 BISCAYNE BLVD., STE 800 MIAMI FL 33161
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2. Principal Place of Business C/O UNICAPITAL CORPORATION	3. Mailing Address C/O UNICAPITAL CORPORATION
Suite, Apt. #, etc. 10800 BISCAYNE BLVD., STE 800	Suite, Apt. #, etc. 10800 BISCAYNE BLVD., STE 800

DO NOT WRITE IN THIS SPACE

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 06-0975407	Applied For <input type="checkbox"/> Not Applicable
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Zip 33161	Country US	Zip 33161	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	7. Name and Address of New Registered Agent Name SKYWATCH REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 10800 BISCAYNE BLVD., LAW DEPT. SUITE 800 City MIAMI FL Zip Code 33161
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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 **JANINE E. COX, ASST. SECRETARY** **04/24/2000**
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) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	V	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHAIT DAN			NAME	VORRATH DAVID		
STREET ADDRESS	10800 BISCAYNE BLVD			STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800		
CITY-ST-ZIP	MIAMI FL 33161			CITY-ST-ZIP	MIAMI FL 33161		
TITLE	D	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEW ROBERT J			NAME	CHAIT DANIEL		
STREET ADDRESS	10800 BISCAYNE BLVD			STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800		
CITY-ST-ZIP	MIAMI FL 33161			CITY-ST-ZIP	MIAMI FL 33161		
TITLE	VT	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEW JONATHAN			NAME	AMAZEEN PAULA		
STREET ADDRESS	10800 BISCAYNE BLVD			STREET ADDRESS	433 NEW PARK AVE.		
CITY-ST-ZIP	MIAMI FL 33161			CITY-ST-ZIP	WEST HARTFORD CT 06110		
TITLE	S	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KALB MARTIN			NAME	KAUFMAN ALAN H		
STREET ADDRESS	10800 BISCAYNE BLVD			STREET ADDRESS	433 NEW PARK AVE.		
CITY-ST-ZIP	MIAMI FL 33161			CITY-ST-ZIP	WEST HARTFORD CT 06110		
TITLE	V	<input type="checkbox"/> Delete		TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEE EDGAR W			NAME	NEW JONATHAN		
STREET ADDRESS	50 OAK BLUFF			STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800		
CITY-ST-ZIP	AVON CT 06001			CITY-ST-ZIP	MIAMI FL 33161		
TITLE	P	<input type="checkbox"/> Delete		TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAUFMAN ALAN H			NAME	NEW ROBERT J		
STREET ADDRESS	31 HATHEWAY DRIVE			STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 800		
CITY-ST-ZIP	WEST HARTFORD CT 06107			CITY-ST-ZIP	MIAMI FL 33161		

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: MARTIN KALB

VS 04/24/2000

**KAREN B. COAN, ASST. SECRETARY
433 NEW PARK AVE.**

WEST HARTFORD, CT 06110

**DIANE LEVY, ASST. SECRETARY
433 NEW PARK AVE.**

WEST HARTFORD, CT 06110

**TERI M. TRIMMER, ASST. SECRETARY
10800 BISCAYNE BLVD., SUITE 800**

MIAMI, FL 33161

**C. DERYL COUCH, ASST. SECRETARY
10800 BISCAYNE BLVD., SUITE 800**

MIAMI, FL 33161

**MARTIN KALB, EVP & SECRETARY
10800 BISCAYNE BLVD., SUITE 800**

MIAMI, FL 33161