

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90162 001 ***150.00

DOCUMENT # F94000004976

1. Entity Name
FBTC LEASING CORP.



Principal Place of Business
**95 CHRISTOPHER COLUMBUS DRIVE
17TH FLOOR
JERSEY CITY NJ 07302**

Mailing Address
**95 CHRISTOPHER COLUMBUS DRIVE
17TH FLOOR
JERSEY CITY NJ 07302**



2. Principal Place of Business
**1251 Avenue OF Americas
Suite, Apt. #, etc.
32ND FLOOR**

3. Mailing Address
**1251 Avenue OF Americas
Suite, Apt. #, etc.
32ND FLOOR**

☒ CHECK HERE IF MAKING CHANGES

City & State
NEW YORK NEW YORK

City & State
NEW YORK NEW YORK

4. FEI Number **13-3747048**

Applied For
Not Applicable

Zip Country
10020-1104 U.S.A.

Zip Country
10020-1104 U.S.A.

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

02/21/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	VP KAZUAKI, KITABATAKE 95 CHRISTOPHER COLUMBUS DRIVE JERSEY CITY NJ 07302	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITSUHIRO, NAGAHAMA 95 CHRISOPHER COLUMBUS DRIVE JERSEY CITY NJ 07302	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAKADA, KOLEI 95 CHRISOPHOR COLUMBUS DRIVE JERSEY CITY NJ 07302	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAWAKAMI, YUJI 95 CHRISOPHER COLUMBUS DRIVE JERSEY CITY NJ 07302	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDANA, ANGELO 95 CHRISOPHER COLUMBUS DRIVE JERSEY CITY NJ 07302	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAZUAKI KITABATAKE 1251 Ave OF Americas 32nd Floor NEW YORK, NEW YORK 10020-1104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President MITSUHIRO NAGAHAMA 1251 Ave OF Americas 32nd Floor NEW YORK, NEW YORK 10020-1104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KOLEI NAKADA 1251 Ave OF Americas 32nd Floor NEW YORK, NEW YORK 10020-1104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer TAKAO Teramura 1251 Ave OF Americas 32nd Floor NEW YORK, NEW YORK 10020-1104	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ANGELO ALDANA 1251 Ave OF Americas 32nd Floor NEW YORK, NEW YORK 10020-1104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/03
Date

212-282-3648
Daytime Phone #

CR2E034 (10/02)