2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 13, 2000 08:00 AM DOCUMENT # F9500004997 1. Entity Name **Secretary of State B&A LEASING CORPORATION** Principal Place of Business Mailing Address C/O UNICAPITAL CORPORATION C/O UNICAPITAL CORPORATION 10800 BISCAYNE BOULEVARD, STE 800 10800 BISCAYNE BOULEVARD, STE 800 FL MIAMI FL 33161 33161 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3305936 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM SKYWATCH REGISTERED AGENTS, INC. C/O CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. 10800 BISCAYNE BLVD., LAW DEPT. PLANTATION \mathbf{FL} SUITE 800 33324 City 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. 04/13/2000 JANINE E. COX, ASST. SECRETARY Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change X Addition NAME VORRATH DAVID STREET ADDRESS STREET ADDRESS 10800 BISCAYNE BLVD., SUITE 800 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL. 33161 TITLE ☐ Delete TITLE ☐ Change X Addition NAME NAME CHAIT DANIEL STREET ADDRESS STREET ACCRESS 10800 BISCAYNE BLVD., SUITE 800 CITY-ST-ZIF CITY-ST-718 МІАМІ FT. 33161 TITLE ☐ Delete TILE X Change ☐ Addition NAME THORNTON SAMUEL NAME THORNTON SAMUEL STREET ADDRESS 9025 BOGGY CREEK ROAD, UNIT 9 1900 SUMMIT TOWER BLVD., SUITE 860 STREET ADDRESS CITY-ST-ZIP ORLANDO CITY-ST-ZIP ORLANDO 32810 TITLE ☐ Defete TITLE X Change ☐ Addition NAME BIRDSALL MICHAEL NAME THORNTON JEP STREET ADDRESS 9025 BOGGY CREEK ROAD, UNIT 9 1900 SUMMIT TOWER BLVD., SUITE 860 STREET ADDRESS CITY-ST-ZIP ORLANDO FL, ORLANDO FL. 32810 CITY-ST-ZIP TITLE VD TITLE $\mathbf{V}\mathbf{T}$ ☐ Delete X Change ☐ Addition NAME THORNTON w NAME NEW JONATHAN 9025 BOGGY CREEK ROAD, UNIT 9 10800 BISCAYNE BLVD., SUITE 800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL33161 CITY-ST-ZIP MIAMI FLTITLE PCDT CPD ☐ Delete TITLE X Change ☐ Addition NAME GILES RICHARD NEW ROBERT NAME STREET ADDRESS 9025 BOGGY CREEK ROAD, UNIT 9 10800 BISCAYNE BLVD., SUITE 800 STREET ADDRESS CITY-ST-7IP ORLANDO CITY-ST-ZIP MIAMI FL33161

^{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.

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

RICHARD C. GILES, VICE PRESIDENT 33 BLEEKER STREET

MILLBURN, NJ 07041