

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000066

1. Entity Name

MATSCO LEASING, LTD. INC.

FILED

00 MAR 10 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

48-09 108TH STREET
CORONA NY 11368

48-09 108TH STREET
CORONA NY 11356-1407

2. Principal Place of Business

112-07 14th Ave

3. Mailing Address

112-07 14th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

College Point, NY

City & State

College Point, NY

Zip

11356

Country

Zip

11356

Country

4. FEI Number

11-2713840

Applied For
Not Applicable

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

FORELLI, MATTHEW S.
42 CARD SOUND RD
KEY LARGO FL 33037

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	FORELLI, MATTHEW S	48-09 108TH STREET	CORONA NY 11368	<input type="checkbox"/>
V	GIRIMONTE, WILLIAM	48-09 108TH STREET	CORONA NY 11368	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P	Matthew S. Forelli	112-07 14th Ave	College Point, NY 11356	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	William A. Girimonte	112-07 14th Ave	College Point, NY 11356	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

Matthew S. Forelli

3/31/00

718-321-7200

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***158.75 ***158.75