

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002620

1. Entity Name

CIRCLE E LEASEWAYS, CORP.

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90004 012 ***550.00

Principal Place of Business

445 NORTHERN BLVD
GREAT NECK NY 11021

Mailing Address

445 NORTHERN BLVD
GREAT NECK NY 11021

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

11-2232736

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

A0077933



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELETTO, JOHN J
2100 S OCEANLANE
APT 1212
FORT LAUDERDALE FL 33316

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD ☐ Delete
NAME ELETTO, JOHN J
STREET ADDRESS 3 COUNTRY LANE
CITY-ST-ZIP BROOKVILLE NY 11545

TITLE V ☐ Delete
NAME ELETTO, ROBERT A
STREET ADDRESS 1583 LAUREL HOLLOW RD
CITY-ST-ZIP LAUREL HOLLOW NY 11791

TITLE STD ☐ Delete
NAME SELLARS, LINDA R
STREET ADDRESS 2 COUNTRY LANE
CITY-ST-ZIP BROOKVILLE NY 11545

TITLE D ☐ Delete
NAME ELETTO, JOSEPH M
STREET ADDRESS 10 PINETREE LANE
CITY-ST-ZIP FLOWER HILL NY 11030

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00

Date

516 487-3950

Daytime Phone #

CR2E034 (5/00)