

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006934

1. Entity Name

UNIVERSAL COMMERCIAL CREDIT LEASING, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90064 004 ***150.00

Principal Place of Business

300 DELWARE AVE
SUITE 571
WILMINGTON DE 19801
US

Mailing Address

300 DELAWRE AVE
SUITE 571
WILMINGTON DE 19801-1607
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3980833

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEHODEY, JOHN	
STREET ADDRESS	245 PARK AVE	
CITY-ST-ZIP	NEWYORK NY 10167	
TITLE	V	<input type="checkbox"/> Delete
NAME	CROZIER, BARRY A	
STREET ADDRESS	300 DELAWARE AVE., SUITE 571	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONNER, EILEEN T	
STREET ADDRESS	300 DELAWARE AVE., SUITE 571	
CITY-ST-ZIP	WILMINGTON DE 19801	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COHEN, BENJAMIN	
STREET ADDRESS	75755 PARIS CEDEX LS FRANCE	
CITY-ST-ZIP	PARIS FR 75755	
TITLE	STDV	<input type="checkbox"/> Delete
NAME	BERRY, DAN	
STREET ADDRESS	245 PARK AVE	
CITY-ST-ZIP	NEW YORK NY 10167	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cohen, Benjamin	
STREET ADDRESS	Tour Maine Montparnasse 33 Avenue Du Maine	
CITY-ST-ZIP	75755 Paris, Cedex 15 France	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/00 (302) 427-7608

CR2E034 (9/99)