2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # F98000002031 1. Entity Name CREATIVE LEASING OF DELAWARE, INC. 04-17-2001 90144 046 ***150.00 Principal Place of Business Mailing Address 10300 SUNSET DRIVE 10300 SUNSET DRIVE SUITE 305 SUITE 305 MIAMI FL 33173 **MIAMI FL 33173** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUBENSTEIN, ARNOLD M Street Address (P.O. Box Number is Not Acceptable) 10300 SUNSET DRIVE SUITE 305 **MIAMI FL 33173** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. PC ☐ Addition Change TITLE TITLE ☐ Delete RUBENSTEIN, ARNOLD M NAME NAME STREET ADDRESS 10300 SUNSET DRIVE, SUITE 305 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE RUBENSTEIN, JUDITH J NAME NAME 10300 SUNSET DRIVE, SUITE 305 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33173 Delete ☐ Addition TITLE Change TITLE RUBINSTEIN, MARC L NAME NAME STREET ADDRESS STREET ADDRESS 441 SOUTH MAPLE DRIVE CITY-ST-ZIP CITY-ST-ZIP **BEVERLY HILLS CA 90212** ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receive of nustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if