

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90056 045 ***150.00

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1. Entity Name
RTR LEASING II, INC.



Principal Place of Business
3600 N.W. 82ND AVENUE
MIAMI, FL 33166

Mailing Address
3600 N.W. 82ND AVENUE
MIAMI, FL 33166

50030256



2. Principal Place of Business

3. Mailing Address

02152005

Chg-P

CR2E034 (10/03)

4. FEI Number
65-8039940

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OMEARA, VICKI A
3600 NW 82 AVE.
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name FATDUC ROBERT D.
Street Address (P.O. Box Number is Not Acceptable)
3600 N.W. - 82ND AVE
City Miami FL Zip Code 33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/17/05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SWIENTON, GREGORY T
STREET ADDRESS 3600 N.W. 82ND AVENUE
CITY-ST-ZIP MIAMI, FL 33166 ☐ Delete

TITLE VT
NAME SUSIK, W. DANIEL
STREET ADDRESS 3600 NW 82ND AVE
CITY-ST-ZIP MIAMI, FL 33166 ☐ Delete

TITLE VS
NAME O'MEARA, VICKI
STREET ADDRESS 3600 NW 82ND AVE
CITY-ST-ZIP MIAMI, FL 33166 ☐ Delete

TITLE D
NAME LEINBACH, TRACY
STREET ADDRESS 3600 N.W. 82ND AVENUE
CITY-ST-ZIP MIAMI, FL 33166 ☐ Delete

TITLE AT
NAME NGUY, ALFRED C
STREET ADDRESS 3600 N.W. 82ND AVENUE
CITY-ST-ZIP MIAMI, FL 33166 ☐ Delete

TITLE D
NAME BEESON JR, JOHN M
STREET ADDRESS 1100 NORTH MARKET STREET
CITY-ST-ZIP WILMINGTON, DE ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 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

ALFRED C. NGUY
ASST. TREAS.

2/17/05

Date

Daytime Phone #