

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90039 009 \*\*\*150.00

**DOCUMENT # F99000003655**

1. Entity Name

**LEASE CONNECTION, INC.**

Principal Place of Business

Mailing Address

28 CROSSRIDGE CIRCLE  
MARLBORO NJ 07746

28 CROSSRIDGE CIRCLE  
MARLBORO NJ 33409-5219

**B0014642**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**1696 OLD OKEECHOBEE RD**

**1696 OLD OKEECHOBEE RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**3 B**

**3 B**

City & State

City & State

**WEST PALM BCH, FL**

**WEST PALM BCH FL**

Zip

Country

Zip

Country

**33409**

**PALM BCH**

**33409**

**PALM BCH**

4. FEI Number **22-2669763**

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

**WEISS, GERALD S**  
**1696 OLD OKEECHOBEE RD., #3B**  
**WEST PALM BEACH FL 33409**

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

*Gerald Weiss* **GERALD WEISS - PRES** **1/31/00**

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 ☐ Delete

NAME **PDT**  
**WEISS, GERALD S**  
STREET ADDRESS **28 CROSSRIDGE CIRCLE**  
CITY-ST-ZIP **MARLBORO NJ**

TITLE ☐ Change ☐ Addition

NAME **PDT**  
**WEISS, GERALD S.**  
STREET ADDRESS **590 VIA LUGANO CIR. APT 109**  
CITY-ST-ZIP **BOYNTON BCH, FL 33436**

TITLE ☐ Delete

NAME **VSD**  
**WEISS, RANDI**  
STREET ADDRESS **28 CROSSRIDGE CIRCLE**  
CITY-ST-ZIP **MARLBORO NJ**

TITLE ☐ Change ☐ Addition

NAME **VSD**  
**WEISS, RANDI**  
STREET ADDRESS **590 VIA LUGANO CR. APT 109**  
CITY-ST-ZIP **BOYNTON BCH, FL. 33436**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

*Gerald Weiss* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1/31/00** **561-616-002**  
Daytime Phone #