

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90024 009 ***150.00

DOCUMENT # F99000003655

1. Entity Name

LEASE CONNECTION, INC.

Principal Place of Business

Mailing Address

1696 OLD OKEECHOBEE RD

1696 OLD OKEECHOBEE RD

3B

3B

WEST PALM BEACH FL 33409

WEST PALM BEACH FL 33409

2. Principal Place of Business

3. Mailing Address

1029 N. FLORIDA MANGO RD

1029 N. FL. MANGO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1

1

W. PALM BCH FL

W. PALM BCH, FL

33409

33409



DO NOT WRITE IN THIS SPACE

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

WEISS, GERALD S

Street Address (P.O. Box Number is Not Acceptable)

1029 N. FLORIDA MANGO RD

SUITE 1

City

W. PALM BCH

FL

Zip Code

33409

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, 2001 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 **PDT** ☐ Delete
NAME **WEISS, GERALD S**
STREET ADDRESS **500 VIA LUGANO CIR APT 109**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **VSD** ☒ Change ☐ Addition
NAME **WEISS, GERALD S.**
STREET ADDRESS **7182 TREVISO LN**
CITY-ST-ZIP **BOYNTON BCH FL 33437**

TITLE **VSD** ☐ Delete
NAME **WEISS, RANDI**
STREET ADDRESS **500 VIA LUGANO CIR APT 109**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **PDT** ☒ Change ☐ Addition
NAME **WEISS, RANDI**
STREET ADDRESS **7182 TREVISO LN**
CITY-ST-ZIP **BOYNTON BCH, FL 33437**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/01

Date

561 616-0022

Daytime Phone #

CR2E034 (10/00)

0288135