FILED

2002 Uniform Business Report (UBR)

Apr 10, 2002 8:00 am Secretary of State G43410 DOCUMENT # 1. Entity Name 04-10-2002 90478 003 ***158.75 HI-TECH LEASING, INC. Principal Place of Business Mailing Address 3040 E COMMERCIAL BLVD 3040 E COMMERCIAL BLVD P.O. BOX 198 P.O. BOX 198 POMPANO BEACH FL 33061 POMPANO BEACH FL 33061 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2302948 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTINI, RONALD A. Street Address (P.O. Box Number is Not Acceptable) 3040 E COMMERCIAL BLVD FT. LAUDERDALE FL 33308 City Zip Code FL 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition CR2E034 (9/01) ☐ Delete TITLE TITLE AQUINO, DIANE NAME NAME 3040 E COMMERCIAL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ft. Lauderdale fl CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME MARTINI, RONALD A. NAME STREET ADDRESS STREET ADDRESS 3040 E COMMERCIAL BLVD CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME BECKER, NORMAN STREET ADDRESS STREET ADDRESS 3040 E COMMERCIAL BLVD CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: