

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G55645**

1. Entity Name

BACHE LEASING CORP.

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90355 012 ***158.75

Principal Place of Business

1029 5TH STREET (MIAMI BEACH. 33139)
P. O. BOX 612223
N. MIAMI FL 33261-2233
US

Mailing Address

1029 5TH STREET (MIAMI BEACH. 33139)
P. O. BOX 612223
N. MIAMI FL 33261-2233
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2306619

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PEARL, JEFFRY G.
1532 N.E. 104 ST.
MIAMI SHORES FL 33138

12000 N. Bayshore Dr.
#205
North Miami, Fl. 33161

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PEARL, JEFFRY G.
1532 N.E. 104 ST.
MIAMI SHORES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
12000 N. Bayshore Dr. #205
North Miami, Fl. 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
PEARL, MARTHA L.
1532 N.E. 104 ST.
MIAMI SHORES FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
12000 N. Bayshore Dr. #205
North Miami, Fl. 33181

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MAEL, BARRY
1029 5TH STREET
MIAMI BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-01

Date

305-532-8180

Daytime Phone #

CR2E034 (10/00)