

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G55645**

1. Entity Name  
**BACHE LEASING CORP.**



**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90776 031 \*\*\*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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-2306619**  
Applied For ☐ Not Applicable ☒

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

**6. Name and Address of Current Registered Agent**

**PEARL, JEFFRY G.**  
**12000 N BAYSHORE DRIVE**  
**# 205**  
**MIAMI FL 33161**

Name

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

City

**FL** Zip Code

**7. Name and Address of New Registered Agent**

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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PEARL, JEFFRY G.</b>	
STREET ADDRESS	<b>12000 N BAYSHORE DRIVE # 205</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33181</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>PEARL, MARTHA L.</b>	
STREET ADDRESS	<b>12000 N BAYSHORE DRIVE # 205</b>	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33181</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MAEL, BARRY</b>	
STREET ADDRESS	<b>1029 5TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**3/6/3**

**305 532 8180**

Date

Daytime Phone #

CR2E034 (10/02)