

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 8:00 am
Secretary of State**

04-25-2001 91001 036 ***150.00

DOCUMENT # G74801

1. Entity Name

PREMIERE LEASING CORPORATION

Principal Place of Business

**121 SE FIRST ST.
SUITE 507
MIAMI FL 33131
US**

Mailing Address

**1760 SW 68TH AVE
PLANTATION FL 33317
US**

2. Principal Place of Business

**1760 SW 68 Avenue
Suite, Apt. #, etc.**

3. Mailing Address

**1760 SW 68 Avenue
Suite, Apt. #, etc.**

City & State

Plantation Florida

City & State

Plantation, Florida

Zip

33317

Country

US

Zip

33317

Country

US

4. FEI Number

59-2336239

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LIEBERMAN, ARNOLD L.
121 SE FIRST ST., #507
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

Arnold L. Lieberman

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

1760 SW 68 Avenue

City

Plantation**FL**

Zip Code

33317

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.

Arnold L. Lieberman

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/019. 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

TITLE **DP** ☐ Delete
NAME **LIEBERMAN, ARNOLD L**
STREET ADDRESS **1760 SW 68TH AVE**
CITY-ST-ZIP **PLANTATION FL**TITLE **VPD** ☐ Delete
NAME **LIEBERMAN, CINDY SIMON**
STREET ADDRESS **1760 SW 68TH AVE**
CITY-ST-ZIP **PLANTATION FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arnold L. Lieberman

Date

Daytime Phone #

4/20/01**954 792 5244**

CR2E034 (10/00)