

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90084 045 \*\*\*150.00

**DOCUMENT # G81772**

1. Entity Name  
**GARVIN LEASING, INC.**



Principal Place of Business  
**20441 NE 30 AVE.  
#108  
MIAMI FL 33180**

Mailing Address  
**20441 NE 30 AVE.  
#108  
MIAMI FL 33180**

2. Principal Place of Business  
**2000 ISLAND BLVD  
1808**

3. Mailing Address  
**2000 ISLAND BLVD  
1808**

City & State  
**MIAMI FL**  
Zip  
**33160** Country

City & State  
**MIAMI FL**  
Zip  
**33160** Country

4. FEI Number  
**59-2343266**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARKOW, DENNIS  
20441 NE 30 AVE 108  
MIAMI FL 33180**

7. Name and Address of New Registered Agent

Name  
**DENNIS MARKOW**  
Street Address (P.O. Box Number is Not Acceptable)  
**2000 ISLAND BLVD #1808**  
City  
**MIAMI FL** Zip Code  
**33160**

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]*  
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  
**PSD**  
NAME  
**MARKOW, DENNIS**  
STREET ADDRESS  
**20441 NE 30TH AVE., #108**  
CITY-ST-ZIP  
**MIAMI FL 33180**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PSD**  
NAME  
**MARKOW, DENNIS**  
STREET ADDRESS  
**2000 ISLAND BL. #1808**  
CITY-ST-ZIP  
**MIAMI, FL 33160**

TITLE  
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/10/03 305-933-9507**  
Date Daytime Phone #

CR2E034 (10/02)