

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90047 047 \*\*\*158.75

**DOCUMENT # G99494**

1. Entity Name  
**HORIZON LEASING CORP.**

Principal Place of Business <b>AMERICAN MEDICAL PLAZA</b> <b>11880 S.W. 40TH STREET, SUITE #405</b> <b>MIAMI FL 33175</b> <b>US</b>	Mailing Address <b>AMERICAN MEDICAL PLAZA</b> <b>11880 S.W. 40TH STREET, SUITE #405</b> <b>MIAMI FL 33175</b> <b>US</b>
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2. Principal Place of Business <b>5601 North Dixie Highway</b> Suite, Apt. #, etc.	3. Mailing Address <b>5601 North Dixie Highway</b> Suite, Apt. #, etc.
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City & State <b>Suite 420</b> <b>Ft. Lauderdale, FL</b> Zip <b>33334</b> Country <b>USA</b>	City & State <b>Suite 420</b> <b>Ft. Lauderdale, FL</b> Zip <b>33334</b> Country <b>USA</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2400876</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**MUDD, JOHN**  
~~**11880 S.W. 40TH STREET**~~  
~~**SUITE 405**~~  
~~**MIAMI FL 33175**~~

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**5601 North Dixie Highway**  
**Suite 420**  
 City  
**Ft. Lauderdale** **FL** Zip Code  
**33334**

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 \_\_\_\_\_ (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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	VPD DIAZ, MAYRA <del>11880 BIRD ROAD, #405</del> <del>MIAMI FL 33175</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WIENER, A.B. <del>11880 S.W. 40TH STREET, #405</del> <del>MIAMI FL</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUDD, JOHN <del>11880 S.W. 40TH STREET, #405</del> <del>MIAMI FL</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIRANDA, ELDA <del>11880 S.W. 40TH STREET, #405</del> <del>MIAMI FL</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LINCOLN, TIMOTHY <del>11880 BIRD ROAD, #405</del> <del>MIAMI FL 33175</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PORTAL, ANA <del>11880 BIRD ROAD, #405</del> <del>MIAMI FL 33175</del>	<input checked="" type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD, S DIAZ, MAYRA <b>5601 North Dixie Highway, #420</b> <b>Ft. Lauderdale, FL 33334</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5601 North Dixie Highway, #420</b> <b>Ft. Lauderdale, FL 33334</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5601 North Dixie Highway, #420</b> <b>Ft. Lauderdale, FL 33334</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5601 North Dixie Highway, #420</b> <b>Ft. Lauderdale, FL 33334</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5601 North Dixie Highway, #420</b> <b>Ft. Lauderdale, FL 33334</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5601 North Dixie Highway, #420</b> <b>Ft. Lauderdale, FL 33334</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Mayra Diaz

2/13/02

(954) 202-1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)