

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91221 030 ***158.75

08-9290 SP

DOCUMENT # **H94268**

1. Entity Name
3-T LEASING INC.

Principal Place of Business Mailing Address
1001 W DR M.L.KING JR BLVD **1001 W DR. M.L.KING JR BLVD**
PLANT CITY, FL: 33566-5150 . **PLANT CITY FL 33566-5150**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2809921** 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

VENKITESWARAN, V.
2908 FOREST CLUB DR.
PLANT CITY FL 33566

Name **ASHOK BHARDWAJ**
 Street Address (P.O. Box Number is Not Acceptable)
1001 W. DR. MLK BLVD.
 City **PLANT City** FL Zip Code **33566**

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 *Ashok Bhardwaj* **ASHOK BHARDWAJ** **3-15-02**
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	C KAVARANA, F K	<input type="checkbox"/> Delete
STREET ADDRESS	24 HOMI MODI ST	
CITY-ST-ZIP	BOMBAY IN	
TITLE NAME	D VENKITESWARAN, V.	<input type="checkbox"/> Delete
STREET ADDRESS	2908 FOREST CLUB DR.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE NAME	D KRISHNAKUMAR, R.K.	<input type="checkbox"/> Delete
STREET ADDRESS	MAHATMA GANDI ROAD	
CITY-ST-ZIP	MUMBAI, INDIA	
TITLE NAME	D MCCLOSKEY, JOHN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2601 SCHORTZ AVE.	
CITY-ST-ZIP	BRONX NY	
TITLE NAME	D ASHCROFT, L.D.	<input type="checkbox"/> Delete
STREET ADDRESS	PO BOX 1526 N/A	
CITY-ST-ZIP	TRUTH OR CONSEQUENCES NM	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DIRECTOR/PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	ASHOK BHARDWAJ	
CITY-ST-ZIP	1001 DR MLK BLVD PLANT City, FL 33566.	

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 equipment.

SIGNATURE: *Ashok Bhardwaj* **ASHOK BHARDWAJ** **3-15-02** **7542602**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)