## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **K2377**3 Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** GLOBAL LEASING & SALES, INC. 01-19-2000 90271 031 \*\*\*150.00 Principal Place of Business Mailing Address 650 N.W. 123RD STREET 650 N.W. 123RD STREET NORTH MIAMI FL 33168-2608 NORTH MIAMI FL 33168 VAAAA LP S fl 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0063384 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FISH, MICHAEL K. Street Address (P.O. Box Number is Not Acceptable) 7700 N. KENDAN DR #501 MIAMI FL 33156 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. \*\* After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NASHMAN, PATEE NAME NAME STREET ADDRESS 650 NW 123 RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33168 ☐ Change ☐ Addition ☐ Delete TITI F TITLE RAJA, FRENY\_ NAME NAME 10315 NW 133RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HIALEAH GARDENS FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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.

ACE REQUIRED

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:**