

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State
 02-18-2002 90006 050 ***158.75

04000005 AV

DOCUMENT # K43188

1. Entity Name

STENTON LEIGH CAPITAL CORP.

Principal Place of Business

~~18101 DAYBREAK DR~~
~~BOCA RATON FL 33496~~

Mailing Address

~~18101 DAYBREAK DR~~
~~BOCA RATON FL 33496~~

2. Principal Place of Business

1900 CORPORATE BLVD
 Suite, Apt. #, etc. **Suite 305 W**
 City & State **BOCA RATON, FL**
 Zip **33496** Country

3. Mailing Address

1900 CORPORATE BLVD
 Suite, Apt. #, etc. **Suite 305 W**
 City & State **BOCA RATON, FL**
 Zip **33496** Country **us**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0084331

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARBAROSH, MILTON H.
~~18101 DAYBREAK DR~~
~~BOCA RATON FL 33496~~

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable) **1900 Corporate Blvd.**
Suite 305-W
 City **Boca Raton** FL Zip Code **33496**

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]

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

TITLE	DPS	<input type="checkbox"/> Delete
NAME	BARBAROSH, MILTON H.	
STREET ADDRESS	18101 DAYBREAK DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BARBAROSH, MILTON H.	
STREET ADDRESS	18101 DAYBREAK DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1900 Corporate Blvd. Suite 305 W	
STREET ADDRESS	Boca Raton, FL	
CITY-ST-ZIP	33496	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1900 Corporate Blvd, Suite 305 W	
STREET ADDRESS	BOCA RATON, FL	
CITY-ST-ZIP	33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02

Date

561-241-9921

Daytime Phone #

CR2E034 (9/01)