

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90068 006 \*\*\*150.00

**DOCUMENT # K54671**

1. Entity Name  
**NEFF RENTAL, INC.**

Principal Place of Business

3750 NW 87TH AVE  
SUITE 400  
MIAMI FL 33178  
US

Mailing Address

3750 NW 87TH AVE  
SUITE 400  
MIAMI FL 33178  
US

628796

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0160403**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 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, 2001 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 **D/P** ☐ Delete  
NAME **GLADIS, PETE**  
STREET ADDRESS **3750 NW 87TH AVE., SUITE 400**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE **S/T** ☐ Delete  
NAME **IRION, MARK**  
STREET ADDRESS **3750 NW 87TH AVE., SUITE 400**  
CITY-ST-ZIP **MIAMI FL 33178**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **JORGE MAS**  
STREET ADDRESS **3155 NW 77 AVE**  
CITY-ST-ZIP **MIAMI FL 33122**

TITLE **MANAGER DIRECTOR** ☐ Change ☒ Addition  
NAME **ARTUR GAFFER**  
STREET ADDRESS **5405 MORRIS AVENUE SUITE 340**  
CITY-ST-ZIP **SAN DIEGO CA 92121**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **PAUL E DEAN**  
STREET ADDRESS **1614 EAST PINE RIVER ROAD**  
CITY-ST-ZIP **MIDLAND MI 48640**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **JOEL THOMAS CITRON**  
STREET ADDRESS **660 MADISON AVE, 22ND FLOOR**  
CITY-ST-ZIP **NEW YORK, NY 10021**

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **MICHAEL MARKBREITER**  
STREET ADDRESS **1120 PARK AVENUE**  
CITY-ST-ZIP **NEW YORK, NY 10128**

TITLE **DIRECTORS** ☐ Change ☒ Addition  
NAME **JOAN CARLOS MAS + JOSE R. MAS**  
STREET ADDRESS **3155 NW 77 AVE**  
CITY-ST-ZIP **MIAMI FLORIDA 33122**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARK IRION CEO**

**4/01/01**

Date

**305-513-3350**

Daytime Phone #

CR2E034 (10/00)