

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90803 001 ***300.00

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**

ATTN: JACK SITES

ATTN: JACK SITES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0160403**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE



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, 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	D/P	<input checked="" type="checkbox"/> Delete
NAME	GLADIS, PETE	
STREET ADDRESS	3750 NW 87TH AVE., SUITE 400	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	IRION, MARK	
STREET ADDRESS	3750 NW 87TH AVE., SUITE 400	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAS, JORGE	
STREET ADDRESS	3155 NORTHWEST 77TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAFFER, ARTUR	
STREET ADDRESS	5405 MOREHOUSE DRIVE SUITE #340	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEAN, PAUL E	
STREET ADDRESS	1614 EAST PINE RIVER ROAD	
CITY-ST-ZIP	MIDLAND MI 48640	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CITRON, JOEL-THOMAS	
STREET ADDRESS	660 MADISON AVENUE 22ND FLOOR	
CITY-ST-ZIP	NEW YORK NY 10021	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IAN CARLOS MAS	
STREET ADDRESS	3750 NW 87TH AVE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL MARK BREITER	
STREET ADDRESS	3750 NW 87 AVE SUITE 400	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE SCHREWE	
STREET ADDRESS	3750 NW 87 AVE SUITE 400	
CITY-ST-ZIP	MIAMI, FL 33178	
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 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

Date

Daytime Phone #

4/12/2002

305-513-3350

CR2E034 (9/01)