

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90004 017 \*\*\*\*\*50.00

**DOCUMENT # L02000001702**

1. Entity Name

**BOFLA LEASING, L.C.**



Principal Place of Business

Mailing Address

**4675 PONCE DE LEON BLVD., SUITE 305  
CORAL GABLES FL 33146**

**4675 PONCE DE LEON BLVD., SUITE 305  
CORAL GABLES FL 33146**

2. Principal Place of Business

3. Mailing Address

**2199 Ponce de Leon Blvd**

**2199 Ponce de Leon Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 301**

**Suite 301**

City & State

City & State

**CORAL GABLES FLA**

**CORAL GABLES, FLA**

Zip

Country

Zip

Country

**33134**

**USA**

**33134**

**USA**

4. FEI Number

Applied For

**04-3593626**

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STINSON, LOUIS JR.  
4675 PONCE DE LEON BLVD., SUITE 305  
CORAL GABLES FL 33146**

Name **STEWART AGENT SERVICES**

Street Address (P.O. Box Number is Not Acceptable)  
**2199 Ponce de Leon Blvd**

**Suite 301**

City **CORAL GABLES**

**FL**

Zip Code **33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]* **manager**

**3/26/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **manager**  
STREET ADDRESS **STINSON, Louis Jr**  
CITY-ST-ZIP **2199 Ponce de Leon Blvd #301**  
**CORAL GABLES FLA 33134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

*[Signature]* **manager**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/26/03**

Date

**35-44-8807**

Daytime Phone #

CR2E083 (10/02)