

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90320 019 \*\*\*150.00

**DOCUMENT # L12333**

1. Entity Name  
**BANKATLANTIC LEASING, INC.**



Principal Place of Business  
**2100 WEST CYPRESS CREEK RD.  
FORT LAUDERDALE, FL 33309 US**

Mailing Address  
**2100 WEST CYPRESS CREEK RD.  
FORT LAUDERDALE, FL 33309 US**



04152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0145587**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NGUYEN, DOGUYEN T  
2100 WEST CYPRESS CREEK ROAD  
FORT LAUDERDALE, FL 33309**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME TOALSON, VALERIE C  
STREET ADDRESS 2100 WEST CYPRESS CREEK RD.  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE SVPT  
NAME SARRICA, LEWIS  
STREET ADDRESS 2100 WEST CYPRESS CREEK RD.  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE S  
NAME DRAPOS, LINDA M  
STREET ADDRESS 2100 WEST CYPRESS CREEK RD.  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE P  
NAME ABDO, JOHN E  
STREET ADDRESS 2100 WEST CYPRESS CREEK RD.  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE D  
NAME LEVAN, ALAN B  
STREET ADDRESS 2100 WEST CYPRESS CREEK ROAD  
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

**Valerie C. Toalson, Director 4/22/08**

**954-940-5000**

Date

Daytime Phone #