

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L62167

1. Entity Name

SOUTHERN LEASING MANAGEMENT COMMERCIAL REAL ESTA

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90160 023 \*\*\*150.00

Principal Place of Business

Mailing Address

10044 W. MCNAB  
TAMARAC FL 33321  
US

11373 LAKEVIEW DRIVE  
CORAL SPRINGS FL 33071-6332  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10036C W McNab

Suite, Apt. #, etc.

TAMARAC

City & State

City & State

Zip 33321

Country

Zip

Country

4. FEI Number 65-0181539

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDFARB, ARTHUR  
11373 LAKEVIEW DRIVE  
CORAL SPRINGS FL 33071

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME GOLDFARB, A.  
STREET ADDRESS 11373 LAKEVIEW DR  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE  
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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 #

4/10/2000 954-726-9590

CR2E034 (9/99)