

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

2841826

1. Entity Name

MORGAN MANAGEMENT & LEASING CO

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90117 021 ***150.00

Principal Place of Business

2000 Towerside Terr
Suite 1002
Miami, FL 33138-2225

Mailing Address

P O BOX 610395
NORTH MIAMI, FL 33261

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEIN Number

65-0207782

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

NOBEL, RICKIE
2000 TOWERSIDE TERR
SUITE 1002
MIAMI, FL 33138-2225

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, 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	PD	<input type="checkbox"/> Delete
NAME	NOBEL, MARK	
STREET ADDRESS	P O BOX 610395	
CITY - ST - ZIP	NORTH MIAMI, FL 33261	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NOBEL, DAVID	
STREET ADDRESS	16226 ERIE PLACE	
CITY - ST - ZIP	DAVIE, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NOBEL, RICKIE	
STREET ADDRESS	2000 TOWERSIDE TERR #1002	
CITY - ST - ZIP	MIAMI, FL 33138-2225	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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

RICKIE NOBEL

Date

Daytime Phone #

CR29034 (9/99)