

2000 UNIFORM BUSINESS REPORT (UBR)

0002240 AF

APPROVED
AND
FILED

00 APR 18 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L99000005875

1. Entity Name
DON L. LEASING FLORIDA, L.L.C.

Principal Place of Business 3250 N.W. 23RD AVE STE 0-100 POMPANO BEACH FL 33069		Mailing Address 3250 N.W. 23RD AVE STE 0-100 POMPANO BEACH FL 33069-5903	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

MNM

4. FEI Number
650948925

Applied For	
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	
KRAMER, ROBERT M 4000 HOLLYWOOD BLVD., STE 485 SOUTH HOLLYWOOD FL 33021		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LLOYD, MAXWELL 3250 N.W. 23RD AVENUE, STE 0-100 POMPANO BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500003238975--6 -05/04/00--01010--017 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COHEN, STEPHEN 3250 N.W. 23RD AVENUE, STE 0-100 POMPANO BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maxwell Lloyd* **SIGNATURE REQUIRED** Maxwell Lloyd **04/12/00** (954) 968-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

000003238975--6