

# 2000 UNIFORM BUSINESS REPORT (UBR)

000221 AF

DOCUMENT # L99000005876

1. Entity Name  
DON L. LEASING U.S.A., L.L.C.

APPROVED  
AND  
FILED

00 APR 18 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3250 N.W. 23RD AVENUE  
STE 0-100  
POMPANO BEACH FL 33069

Mailing Address  
3250 N.W. 23RD AVENUE  
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

mm

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0948924

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

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
LLOYD, MAXWELL  
3250 N.W. 23RD AVE., STE 0-100  
POMPANO BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

600003238976--3  
-05/04/00--01010--018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
COHEN, STEPHEN  
3250 N.W. 23RD AVE., STE 0-100  
POMPANO BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

04/17/00

(954) 968-7900  
Daytime Phone #

CR2E083 (9/99)