

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

0013214

DOCUMENT # M01000001340

1. Entity Name

FLEET PLAN CAPITAL CO., LLC

02-26-2002 90013 043 ****50.00

Principal Place of Business

2310 NORTHWEST 55TH CT., STE. 130
FT LAUDERDALE FL 33309

Mailing Address

2310 NORTHWEST 55TH CT., STE. 130
FT LAUDERDALE FL 33309

2. Principal Place of Business

5340 N.W. 20TH TERRACE

Suite, Apt. #, etc.

HANBAR 60

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

3. Mailing Address

5340 N.W. 20TH TERRACE

Suite, Apt. #, etc.

HANBAR 60

City & State

FT. LAUDERDALE, FL

Zip

33309

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1096349

Applied For

Not Applicable

5. Certificate of Status Desired ☐ ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, BRUCE D

600 SOUTH ANDREWS AVE., STE. 400

FT LAUDERDALE FL 33301

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MGRM
THOMAS BORZILLORI
STREET ADDRESS 2310 N.W. 55TH CT STE 130
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 5340 N.W. 20TH TERRACE HANBAR 60
CITY-ST-ZIP FT. LAUDERDALE, FL 33309

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-14-02

954-345-1194

CR2E083 (9/01)