

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M95000000238**

1. Entity Name
AUTOTECH LEASING AMERICA, LLC, L.C.

FILED

00 JAN 24 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1499 W. PALMETTO PARK RD #320
BOCA RATON FL 33486

Mailing Address
1499 W. PALMETTO PARK RD #320
BOCA RATON FL 33486-3323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3840354**

Applied For
Not Applied

Zip Country Zip Country

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

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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

ADDITIONS/CHANGES
800003118858
-02/01/00--01100--U2U
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

TITLE Delete
NAME **MGRM WAGENBLAST, THEODORE C**
STREET ADDRESS **1499 W. PALMETTO PARK RD #320**
CITY-ST-ZIP **BOCA RATON FL 33486**

10. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM CHAPMAN, RICHARD**
STREET ADDRESS **1499 W. PALMETTO PARK RD #320**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE
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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/13/00 Date **567 417-0099** Daytime Phone #