

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90155 030 ***150.00

DOCUMENT # M96175

1. Entity Name
MEDICAL EQUITY LEASING, INC.



Principal Place of Business

4001 N OCEAN BLVD
SUITE 100
BOCA RATON FL 33431

Mailing Address

4001 N OCEAN BLVD
SUITE 100
BOCA RATON FL 33431



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1123 Boca Cove Lane
Suite, Apt. #, etc.

3. Mailing Address

1123 Boca Cove Lane
Suite, Apt. #, etc.

City & State

Highland Beach FL

City & State

Highland Beach FL

4. FEI Number

59-2906796

Applied For

Not Applicable

Zip

33407

Country

USA

Zip

33407

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YANOWITCH, HAROLD
4001 N OCEAN BLVD
STE-100
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name
Harold Yanowitch
Street Address (P.O. Box Number is Not Acceptable)
1123 Boca Cove Lane
City Highland Beach FL Zip Code 33407

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Harold Yanowitch*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-3-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS YANOWITCH, BEVERLY 4001 NORTH OCEAN BLVD., STE 100 BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1123 Boca Cove Lane Highland Beach FL 33407 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harold Yanowitch*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-03

Date

561-322-6065

Daytime Phone #

CR2E034 (10/02)