

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # M99000000594

1. Entity Name
NCM LEASING COMPANY, L.L.C.

00 APR 26 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1650 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33409

Mailing Address
1650 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33409-4712



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

43-1844341

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MOM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRESENTI, NISSIM
1650 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33409

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

500003246765--1
-05/10/00--01076--003
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PRESENTI, NISSIM 1300 WILLOW CREEK LANE COLUMBIA MO 65203	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
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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
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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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)