

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90212 027 ***150.00

DOCUMENT # P00000069834
1. Entity Name SAFE HARBOR LEASING, INC.

Principal Place of Business 19501 NE 10TH AVE BAY G N MIAMI BEACH FL 33169	Mailing Address 19501 NE 10TH AVE BAY G N MIAMI BEACH FL 33169
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 65-1026533	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent AELION, DAVID 155 NW 167 ST, STE 213 N MIAMI BEACH FL 33169

7. Name and Address of New Registered Agent Name: Aelion David Street Address (P.O. Box Number is Not Acceptable): 19501 NE 10th Avenue Bldg 1 Bay G City: N Miami Beach FL Zip Code: 33179
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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: <i>David Aelion</i> (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE D <input type="checkbox"/> Delete NAME FELDMAN, PHILIP J STREET ADDRESS 155 NW 167 ST, STE 213 CITY-ST-ZIP N MIAMI BEACH FL 33169	
TITLE D <input type="checkbox"/> Delete NAME AELION, DAVID STREET ADDRESS 155 NW 167 ST, STE 213 CITY-ST-ZIP N MIAMI BEACH FL 33169	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Feldman Philip STREET ADDRESS 19501 NE 10th Avenue Bldg 1 CITY-ST-ZIP Bay G N. Miami Beach, FL 33169	
TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Aelion David STREET ADDRESS 19501 NE 10th Avenue Bldg 1 CITY-ST-ZIP Bay G N Miami Beach, FL 33169	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
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SIGNATURE: <i>David Aelion</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-1-02 Date	654-4000 Daytime Phone #
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CR2E034 (9/01)