## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P00000071740 1. Entity Name MODA FLEET, INC. 5-14-2001 90220 005 \*\*\*150.00 Principal Place of Business Mailing Address 1925 BRICKELL AVENUE, BRICKELL PLACE 1925 BRICKELL AVENUE, BRICKELL PLACE SUITE D-301 SUITE D-301 MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Busi 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For FLOUIDA ZOLIPA 65. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEISBERG, MICHAEL P ESQ. Street Address (P.O. Box Number is Not Acceptable) 1925 BRICKELL AVENUE, BRICKELL PLACE SUITE D-301 **MIAMI FL 33129** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/4 11. OFFICERS AND DIRECTORS 12. TITI F ☐ Change TITLE SIOK HONG WEISBERG, MICHAEL P ESQ. NAME NAME STREET ADDRESS GARRITY TER. STREET ADDRESS 1925 BRICKELL AVENUE, BRICKELL PLACE BROOK NJ 07058 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33129 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.