

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90034 018 \*\*\*150.00

**DOCUMENT # P00000100104**

1. Entity Name

**RYBRAN LEASING, INC.**

Principal Place of Business

**837 N ANDREWS AVE  
FT LAUDERDALE FL 33311**

Mailing Address

**837 N ANDREWS AVE  
FT LAUDERDALE FL 33311**

2. Principal Place of Business

**837 N ANDREWS AVE**

3. Mailing Address

**837 N ANDREWS AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT LAUDERDALE FL**

City & State

**FT LAUDERDALE FL**

Zip

**33311**

Country

**Broward**

Zip

**33311**

Country

**Broward**

4. FEI Number

☒ Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAIMONE, MICHAEL J**

**837 N ANDREWS AVE**

**FT LAUDERDALE FL 33311**

Name

**MARIE MAIMONE**

Street Address (P.O. Box Number is Not Acceptable)

**837 N ANDREWS AVE**

City

**FT LAUDERDALE FL**

Zip Code

**33311**

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

**MARIE MAIMONE**

**4/25/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete

NAME **MAIMONE, MICHAEL**  
STREET ADDRESS **837 N ANDREWS AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **President** ☐ Change ☐ Addition

NAME **MARIE MAIMONE**  
STREET ADDRESS **837 N ANDREWS AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE **VD** ☒ Delete

NAME **SIMEONE, RONNIE C**  
STREET ADDRESS **837 N ANDREWS AVE**  
CITY-ST-ZIP **FT LAUDERDALE FL 33311**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete

NAME ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete

NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: **MARIE MAIMONE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)