

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000034338

1. Entity Name

O.B. LEASING CORPORATION

**FILED  
May 14, 2002 8:00 am  
Secretary of State**

05-14-2002 90362 041 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1718 NE 26 AVE</b>	3. Mailing Address <b>1718 NE 26 AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>FT LAUDERDALE FL</b>	City & State <b>FT LAUDERDALE FL</b>	4. FEI Number <b>75-2980032</b>	Applied For <input type="checkbox"/>
Zip <b>33305</b>	Country <b>BROWARD</b>	Zip <b>33305</b>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		

<b>DO NOT WRITE IN THIS SPACE</b>		7. Name and Address of Current Registered Agent
		Name <b>Gray L. GERSTENFELD</b>
		Street Address (P.O. Box Number is Not Acceptable) <b>739 NW 105 DRIVE</b>
		City <b>CORAL SPRINGS</b> FL <b>33071</b> 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

*Gray L. Gerstenfeld* *Gray L. Gerstenfeld*

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

(NOTE: Registered Agent signature required when reinstating)

*4/25/02*

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

January 1-May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$612.50  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JACK KAPLAN</b> <b>3800 OAKS CLUBHOUSE DR</b> <b>POMPANO BEACH, FL 33060</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>DENNIS O'BEA</b> <b>1718 NE 26 AVE</b> <b>FT LAUDERDALE, FL 33305</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>JUDI O'BEA</b> <b>1718 NE 26 AVE</b> <b>FT LAUDERDALE, FL 33305</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jack Kaplan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/25/02* *954-561-4070*

Date

Daytime Phone #