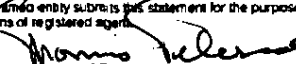
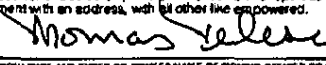


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-07-2003 90969 008 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000051133		
1. Entity Name BAY HARBOR LEASING CORP.		
Principal Place of Business 9925 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154		Mailing Address 9925 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip Country
4. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1940 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		5. Name and Address of New Registered Agent Name THOMAS J TELESKO Street Address (P.O. Box Number is Not Acceptable) 9925 EAST BAY HARBOR DR. City BAY HARBOR ISLANDS FL 33154
6. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE  Signature, typed or printed name of registered agent and date of signature.		DATE
7. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TELESKO, THOMAS J 9925 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other line empowered.		
SIGNATURE:  SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/3/03 3058661014 Date Daytime Phone #

55029229

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
02-0595754

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FILE NOW! FEE IS \$150.00
After May 3, 2003 Fee will be \$160.00
Make checks Payable to Florida Department of State

CFR0304 (10/02)