

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000014875

1. Entity Name

MID-ATLANTIC LEASING, INC.

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90016 016 ***158.75

Principal Place of Business

6850 VIENTO WAY
BOCA RATON FL 33493
US

Mailing Address

C/O LOUIS LEIBOVIT, ESQ.
350 ROYAL PALM WAY
PALM BEACH FL 33480

2. Principal Place of Business

440 ADDISON PARK LANE

3. Mailing Address

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

33432

Country USA

Zip

Country

4. FEI Number

65-0468074

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIBOVIT, LOUIS
350 ROYAL PALM WAY
PALM BEACH FL 33480

Name

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

City

FL

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)

DATE

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

X

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 DPT
NAME FINKELSTEIN, JEROME A
STREET ADDRESS 6850 VIENTO WAY 440 ADDISON PARK LANE
CITY-ST-ZIP BOCA RATON FL 33493 33432

☐ Delete

TITLE DVS
NAME FINKELSTEIN, ETHEL M
STREET ADDRESS 6850 VIENTO WAY ARE ABOVE
CITY-ST-ZIP BOCA RATON FL 33493

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TITLE AGENT
NAME JENNIFER KURTZ
STREET ADDRESS 203 SUNRISE DR.
CITY-ST-ZIP WYCKOFF, N.J. 07481

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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: JEROME A. FINKELSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 April 01 561-417-8923
Date Daytime Phone #

CR2E034 (10/00)