

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000061326

1. Entity Name

ARAWAK LEASING CORP.

Principal Place of Business

5330 NW 21ST AVE. HANGAR 59
FORT LAUDERDALE FL 33309
US

Mailing Address

5330 NW 21ST AVE. HANGAR 59
FT. LAUDERDALE FL 33309
US

2. Principal Place of Business

240 SW 34 ST

3. Mailing Address

240 SW 34 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. LAUD, FL

City & State

FT. LAUD FL

Zip

33315

Country

Zip

33315

Country

6. Name and Address of Current Registered Agent

ALBURY, C SCOTT
5330 NW 21ST AVE
HANGAR 59
FORT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

240 SW 34 ST

City

FT LAUD

FL

Zip Code

33315

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) ☐

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

TITLE ☐ Delete
NAME D
STREET ADDRESS ALBURY, C. SCOTT
CITY-ST-ZIP 5330 NW 21ST AVE
FT. LAUDERDALE FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 240 SW 34 ST
CITY-ST-ZIP FT LAUD, FL 33315

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/01 954 359 4200
Date Daytime Phone #

FILED
Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90004 022 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)