

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075757

1. Entity Name

IMV LEASE/CAPITAL, INC.

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90031 025 \*\*\*150.00

Principal Place of Business

Mailing Address

P.O. BOX 811893  
BOCA RATON FL 33481-1893

P.O. BOX 811893  
BOCA RATON FL 33434-3205

AUG11526

2. Principal Place of Business  
19727 Oakbrook Circle

3. Mailing Address  
19727 Oakbrook Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Boca Raton, FL

City & State  
Boca Raton, FL

4. FEI Number 65-0525864

Applied For

Not Applicable

Zip  
33434

Country  
USA

Zip  
33434

Country  
USA

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

LEVINE, TODD E  
19727 OAKBROOK CIRCLE  
BOCA RATON FL 33434

Name  
Levine Katari, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
1499 W. Palmetto Park Road

Suite 412

City  
Boca Raton

FL

Zip Code  
33486

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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/00

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, 2000 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPTS  
LEVINE, TODD E  
19727 OAKBROOK CIRCLE  
BOCA RATON FL 33434 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
Levine, Todd E.  
19727 Oakbrook Circle  
Boca Raton, FL 33434 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DTS  
Levine, Paul W.  
19727 Oakbrook Circle  
Boca Raton, FL 33434 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D-VP  
Wartell, Arleen  
19951 Boca West Drive, #3133  
Boca Raton, FL 33434 ☐ 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

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:

*Todd E. Levine*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/00 561-483-994