

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077800

1. Entity Name

SOUTHERN STAR LEASING GROUP, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90060 008 ***158.75

Principal Place of Business

10011 PINES BLVD.
SUITE 101
PEMBROKE PINES FL 33024

Mailing Address

10011 PINES BLVD.
SUITE 101
PEMBROKE PINES FL 33024-6167

2. Principal Place of Business

~~00000 000000~~ #311
Suite, Apt. #, etc.
5722 S. Flamingo Rd.
City & State
Cooper City FL
Zip
33330 Country
USA

3. Mailing Address

5722 S. Flamingo Rd.
Suite, Apt. #, etc.
Suite 311
City & State
Cooper City FL
Zip
33330 Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0567743

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAULKIN, JOEL M
4627 PONCE DE LEON BLVD.
2ND FLOOR
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name
J. Anderson
Street Address (P.O. Box Number is Not Acceptable)
5722 S. Flamingo Rd.
#311
City
Cooper City FL Zip
33330

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

4/30/00

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	D	<input type="checkbox"/> Delete
NAME	GIFFORD, ROBERT	
STREET ADDRESS	C/O 10011 PINES BLVD. STE 101	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R.W. Gifford	
STREET ADDRESS	5722 S. Flamingo Rd. #311	
CITY-ST-ZIP	Cooper City, FL 33330	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

R.W. Gifford

Date

Daytime Phone #

4/30/00

CR2E034 (9/99)