

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000085730

Entity Name
DIAGNOSTIC EQUIPMENT LEASING, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State
02-21-2000 90023 032 ***150.00

Principal Place of Business	Mailing Address
4740 SO. OCEAN BLVD.	4740 SO. OCEAN BLVD.
	#405
90 HIGHLAND BEACH FL 33487	HIGHLAND BEACH FL 33487-5350

714819



DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
3015 S. OCEAN BLVD	3015 S. OCEAN BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
9D	9D
CITY & STATE	CITY & STATE
HIGHLAND BEACH FL	HIGHLAND BEACH FL
Zip	Zip
33487	33487
Country	Country

4. FEI Number	65-0621586	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KARCINELL, BERNARD
3015 S OCEAN BLVD
9D
HIGHLAND BEACH FL 33487

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD KLEIMAN, RICHARD S 1743 VESTAL WAY CORAL SPRINGS FL 33071	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD REITMAN, HAROLD S 11361 SHADY LANE PLANTATION FL-33325	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: _____ DAYTIME PHONE #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)