FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jun 21, 2001 8:00 am **Secretary of State** 06-21-2001 90003 047 ***150.00 C0072103 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 3*31*60 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW !!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRUSIDENT - BOADA ORRETUR Delete Addition CR2E034 (11/00 ☐ Change TITLE TITLE 2855 Larso EMMBZ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete 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. 531 Dava SIGNATURE:



Ottochment Doc# 19600083880 Brighton Leasing

& Financial Services, Inc.

el: (305) 932-1278

Fax: (305) 932-0438

E-Mail: Blfleasing@954access.net

Members: National Association Of Equipment Leasing Brokers

Thursday, June 14, 2001

This form was submitted on time with the proper payment. We were unable to contact you via voice for a form and your recording instructed us to download the form via the Internet. We did and the form was rejected. Attached new form you sent us and old form with notice of rejection. We should NOT be penalized for this.

Cordially, Fred Sulzer @ Brighton Leasing

DOCUMENT# Entity Name BRIGHTON LEASING MANCIAE SERVICES, // C. 93890 . Entity Name C6072113 TIN 65-07/7591 Mailing Address Principal Place of Business 2. Principal Place of Business 3. Mailing Address 2855. LEONARD DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 4-201 City & State City & State AVKNIKA_ Zip Coun 33160 6. Name and Address of Current Registered Agent FRED SULZER 2855 LEONARD DRIVE MENTURA 12 33.160

8. The above named entity submits this statement for the purpose of changing its registered

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registere