

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90099 022 ***158.75

DOCUMENT # P96000083880

1. Entity Name

BRIGHTON LEASING & FINANCIAL SERVICES, INC.

Principal Place of Business

**2855 LEONARD DR H-201
 AVENTURA FL 33160**

Mailing Address

**2855 LEONARD DR H-201
 AVENTURA FL 33160**

2. Principal Place of Business

13794 NW 4th Street

3. Mailing Address

13794 NW 4th Street

Suite, Apt. #, etc.

Suite 203

Suite, Apt. #, etc.

Suite #203

City & State

Sunrise, Florida

City & State

Sunrise, Florida

Zip

33325

Country

Broward

Zip

33325

Country

Broward



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0717591

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SULZER, FRED

**2855 LEONARD DR H-201
 AVENTURA FL 33160**

7. Name and Address of New Registered Agent

Name

John Ayvas

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

13794 NW 4 Street

Suite 203

City

Sunrise

FL

Zip Code

33325

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

John Ayvas President

01/16/02

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	SULZER, FRED	
STREET ADDRESS	2855 LEONARD DR H-201	
CITY-ST-ZIP	AVENTURA FL 33160	
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	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Ayvas	
STREET ADDRESS	4317 MAHOGANY RIDGE DRIVE	
CITY-ST-ZIP	Weston, FL 33331	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fred Sulzer	
STREET ADDRESS	3412 Willow Wood Road	
CITY-ST-ZIP	Lauderhill, FL 33319	
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:

John Ayvas

01/16/02

954-838-0601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)