

2000-UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90097 006 ***150.00

A0072039

DO NOT WRITE IN THIS SPACE

DOCUMENT # P9600012081
1. Entity Name FBM Leasing Corp

Principal Place of Business 4501 N.W. 103rd Ave #104
Mailing Address Sunrise, FL 33351

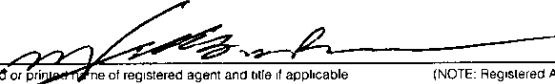
2. Principal Place of Business 4501 N.W. 103rd Ave
3. Mailing Address 4501 N.W. 103rd Ave
Suite, Apt. #, etc. #104
City & State Sunrise, FL
Zip 33351
Country

4. FEI Number 65-0730400
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Michael B. Falls
 731-1 NE 12th St
 Boynton Beach FL 33435

7. Name and Address of New Registered Agent
Name Michael B. Falls
Street Address (P.O. Box Number is Not Acceptable) 731-1 NE 12th St
City Boynton **FL** **Zip Code** 33435

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  **DATE** 6/10/00
 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. ☐ **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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	President/Sec
STREET ADDRESS		STREET ADDRESS	Michael B. Falls
CITY-ST-ZIP		CITY-ST-ZIP	731-1 NE 12th St
			Boynton Beach FL 33435
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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** 6/10/00 **Daytime Phone #** 954-747-8866
 Signature and typed or printed name of signing officer or director

CR2E034 (9/99)

Attachment Doc#: P9600001010*

FBM LEASING CORP

A 0072039

7/25/00

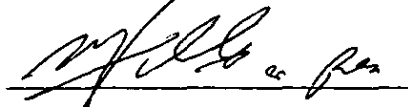
4501 N.W. 103rd AVE # 104
SUNRISE, FL 33351

FLA DEPT OF STATE
DIV. OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32303
ATT: MICHELE

DEAR RENEWAL CLERK

PLEASE FIND ENCLOSED OUR ANNUAL REPORT PURSUANT TO OUR
TELEPHONE CONVERSATION. THIS IS THE SECOND ONE WE HAVE
MAILED. FBM LEASING CORP HAS NEVER RECEIVED THE NOTICE
FOR THE CORPORATE REPORT, LATE NOTICE. PLEASE MAKE A NOTE
OF OUR ADDRESS AND SUITE NUMBER.

THANKS IN ADVANCE



MICHAEL FALLS PRES.