


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90178 043 \*\*\*150.00

**DOCUMENT #** P97000042067

**1. Entity Name**  
SV LEASING COMPANY OF FLORIDA



**Principal Place of Business**  
3725 LEAFY WAY  
MIAMI FL 33133  
US

**Mailing Address**  
3725 LEAFY WAY  
MIAMI FL 33133  
US

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip Country



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number** 65-0752599

Applied For  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

LAFACE, RONALD ESQ.  
GREENBERG TRAUIG HOFFMAN LIPOFF ROSEN  
101 EAST COLLEGE AVE.  
TALLAHASSEE FL 32301

**7. Name and Address of New Registered Agent**

Name CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND ROAD

City PLANTATION FL Zip Code 33324

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE *Barbara A. Burke* **BARBARA A. BURKE**  
**SPECIAL ASSISTANT SECRETARY** 2-6-03

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **SIGNATURE REQUIRED** *1-22-03 305-461-2177*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)