## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 16, 2002 8:00 am Secretary of State P97000065902 DOCUMENT # 1. Entity Name 05-16-2002 90036 015 \*\*\*158 75 ORADELL LEASING CORPORATION Principal Place of Business Mailing Address 440 ADDISON PARK LANE 440 ADDISON PARK LANE **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ,DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0780689 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KURTZ, JENNIFER G 6850 VIENTO WAY BOČA RATON FL 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Change ☐ Addition FINKELSTEIN, JEROME NAME NAME 440 ADDISON PARK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ETHEL M. FINKELSTEIN 440 ADDISON PARK LANGS 743V JEHNIFER G KURTZ 440 ADDISON PARK LAHE 440 ADDISON PARK LAHE NAME FINKELSTEIN\_ETHEL M NAME 685<del>0 VIENTO WA</del>Y STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL 88485 > Delete TITLE Kurtz, jennifer g NAME NAME STREET ADDRESS 6850 VIENTO WAY STREET ADDRESS BOCA RATON FL CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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 attac

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP