

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000009749

1. Entity Name

DIVERSIFIED LEASING SERVICES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90025 048 ***150.00

Principal Place of Business

980 N. FEDERAL HWY
SUITE 206
BOCA RATON FL 33432

Mailing Address

980 N. FEDERAL HWY
SUITE 206
BOCA RATON FL 33432-2711

2. Principal Place of Business

980 N. FEDERAL HWY
SUITE 430
BOCA RATON FL

3. Mailing Address

980 N. FEDERAL HWY
SUITE 430
BOCA RATON FL



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number

65-0839016

Applied For

Not Applicable

Zip

33432

Country

FLA

Zip

33432

Country

FLA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVINE, COREY E
980 N. FEDERAL HWY
SUITE 206
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name COREY E. LEVINE
Street Address (P.O. Box Number is Not Acceptable)
980 N. FEDERAL HWY
SUITE 430
City BOCA RATON FL Zip Code 33432

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

4/15/00

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, 2000 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 D ☐ Delete
NAME BAFFA, EUGENE JR
STREET ADDRESS 980 N. FEDERAL HWY. #206
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D ☐ Delete
NAME LEVINE, COREY JR
STREET ADDRESS 980 N. FEDERAL HWY #206
CITY-ST-ZIP BOCA RATON FL 33432

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS SUITE 430
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS SUITE 430
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/00 561 394 3535