

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018210

1. Entity Name
MWB LEASING CORP.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90088 045 ***150.00

Principal Place of Business

5355 TOWN CENTER RD
STE 900
BOCA RATON FL 33486

Mailing Address

1761 W. HILLSBORO BLVD.
STE 201
DEERFIELD BEACH FL 33442-1561

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0857200

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GREENBERG, JEFFREY L ESQ.
1761 W HILLSBOROUGH BLVD.
STE 201
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name: Jeffrey L. Greenberg, Esq.
Street Address (P.O. Box Number is Not Acceptable): Law office of Jeffrey L. Greenberg
4800 N. Federal Highway, Suite 304D
City: Boca Raton FL Zip Code: 33431

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VD	WEISS, MELVIN I	1 POINT PLAZA	NEW YORK NY 10119	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BERHAD, DAVID	1 PENNN PLAZA	NEW YORK NY 10119	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
VD	HYMES, PATRICIA M	1PENN PLAZA	NEW YORK NY 10119	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
S	CHESSLER, ARNOLD N	ONE PENN PLAZA	NEW YORK NY 10119	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	LERACI, WILLIAMS S	600 WEST BROADWAY 1800 AMER. PLAZA	SAN DIEGO CA 92101	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD	WEISS MELVYN I	ONE PENN PLAZA	NEW YORK, NY 10119	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	Bershad, David	1 PENN Plaza	New York, NY 10119	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S	Bressler, Arnold N.	One Penn Plaza	New York, NY 10119	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V	Lerach, Williams S.	600 West Broadway 1800 Amer. Plaza	San Diego, CA 92101	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

(212) 594-5300

CR2E034 (9/99)