

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90042 003 ***150.00

0372635 AV

DOCUMENT # P98000018210

1. Entity Name
MWB LEASING CORP.

Principal Place of Business
**5355 TOWN CENTER RD
STE 900
BOCA RATON FL 33486**

Mailing Address
**4800 N FEDERAL HWY
STE 304D
BOCA RATON FL 33431
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0857200**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENBERG, JEFFREY L ESQ.
LAW OFFICE OF JEFFREY L GREENBERG
4800 N FEDERAL HWY STE 304D
BOCA RATON FL 33431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **WEISS, MELVIN I**
STREET ADDRESS **ONE PENN PLAZA**
CITY-ST-ZIP **NEW YORK NY 10119**

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

TITLE **PD** ☐ Delete
NAME **BERHAD, DAVID**
STREET ADDRESS **1 PENN PLAZA**
CITY-ST-ZIP **NEW YORK NY 10119**

TITLE ☐ Change ☐ Addition
NAME **BERSHAD, DAVID**
STREET ADDRESS
CITY-ST-ZIP *correction of spelling*

TITLE **S** ☐ Delete
NAME **BRESSLER, ARNOLD N**
STREET ADDRESS **ONE PENN PLAZA**
CITY-ST-ZIP **NEW YORK NY 10119**

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

TITLE **V** ☐ Delete
NAME **LERACH, WILLIAMS S**
STREET ADDRESS **600 WEST BROADWAY 1800 AMER. PLAZA**
CITY-ST-ZIP **SAN DIEGO CA 92101**

TITLE ☐ Change ☐ Addition
NAME **LERACH, WILLIAM S**
STREET ADDRESS
CITY-ST-ZIP *correction of spelling*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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

3/29/02
Date

212-594-5300
Daytime Phone #

CR2E034 (9/01)