

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000026855**

1. Entity Name

AMERICAN ELM LEASING, INC.**FILED**
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90066 003 ***158.75

025205

Principal Place of Business 6500 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309-2132	Mailing Address 6500 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309-2132
---	---

C0041698

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0825734	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent**DUFRESNE, DONALD P ESQ
400 AUSTRALIAN AVENUE SOUTH
5TH FLOOR
WEST PALM BEACH FL 33401****7. Name and Address of New Registered Agent**

Name KALAYCI, ERROL	
Street Address (P.O. Box Number is Not Acceptable) 6500 NORTH ANDREWS AVENUE	
City FORT LAUDERDALE	FL Zip Code 33309

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 <i>Errol Kalayci</i> Errol Kalayci - Registered Agent	DATE 3/30/01
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 NAME STREET ADDRESS CITY-ST-ZIP	PD KALAYCI, LINDA M 6500 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309-2132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KALAYCI, ERROL 6500 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33309-2132 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAMOS, KAREN B 6500 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33309-2132 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KALAYCI, TIM 6500 NORTH ANDREWS AVENUE FORT LAUDERDALE, FL 33309-2131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Errol Kalayci* **Errol Kalayci - Secretary****3/30/01 9547761616**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)