2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 10, 2001 8:00 am DOCUMENT # **P98000081184** Secretary of State 1. Entity Name A & M LEASCO, INC. 05-10-2001 90150 041 ***150.00 Principal Place of Business Mailing Address 1701 S.W. 12TH AVENUE 1701 S.W. 12TH AVENUE BOCA RATON FL 33486 BOCA RATON FL 33486 D0048960 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0864713 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAFERI, ALI M 1701 S.W. 12TH AVENUE **BOCA RATON FL 33486** 8. The above named entity sy this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE 📈 Delete Change ☐ Addition NAME JAFERI, ALI M NAME STREET ADDRESS 1701 S.W. 12TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33486** TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the receiver of 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 of the receiver of trustee empowered.