

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104481

1. Entity Name

CARZ LEASING CORPORATION

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90021 030 ***150.00

Principal Place of Business

19 ESTATES DR.
BOTNTON BEACH FL 33436

Mailing Address

19 ESTATES DR.
BOTNTON BEACH FL 33436-6202

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 **65-0878509**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARANO, GARY S
19 ESTATES DR.
BOTNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name **DONALD T. MARANO**

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

19 ESTATES DRIVE

City **BOYNTON BEACH**

FL

Zip Code **33436**

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

DONALD T. MARANO

(NOTE: Registered Agent signature required when reinstating)

4/25/00

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 **DP** ☒ Delete
NAME **MARANO, GARY S**
STREET ADDRESS **19 ESTATES DR.**
CITY-ST-ZIP **BOTNTON BEACH FL 33436**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DIRECTOR PRESIDENT** ☒ Change ☐ Addition
NAME **DONALD T. MARANO**
STREET ADDRESS **19 ESTATES DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

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

TITLE ☐ Change ☐ Addition
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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

DONALD T. MARANO

Date

Daytime Phone #

4/25/00 (561) 734-7851

CR2E034 (9/99)