

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000104481  
1. Entity Name  
CARZ LEASING CORPORATION



FILED  
03 MAY 14 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
57 WOODS LANE  
Suite, Apt. #, etc.

3. Mailing Address  
57 WOODS LANE  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BOYNTON BEACH FLA.  
Zip  
33436  
Country  
USA

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BOYNTON BEACH FLA.  
Zip  
33436  
Country  
USA

4. FEI Number  
65-0878509  
Applied For  
☐ Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name GARY S. MARANO  
Street Address (P.O. Box Number is Not Acceptable)  
57 WOODS LANE  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
GARY S. MARANO - PRESIDENT  
57 WOODS LANE  
BOYNTON BEACH FLA. 33436

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
100021769141  
07/24/03--01064--015 \*\*150.00

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12. 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 10 or on an attachment with an address, with another like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/03 561-736-6734  
Date Daytime Phone #

CR2E034B (12/02)