

# 2000 UNIFORM BUSINESS REPORT (UBR) P99000056124

DOCUMENT # P99000056124

1. Entity Name

NATIONS LEASE INTERNATIONAL, INC.

FILED

00 JAN 21 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

900 W. 49TH STREET  
SUITE 438  
HIALEAH FL 33012

900 W. 49TH STREET  
SUITE 438  
HIALEAH FL 33012-3488

2. Principal Place of Business

2050 NE 163 ST.

3. Mailing Address

2050 NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. MIAMI BCH

City & State

N. MIAMI BCH

Zip

33162

Country

USA

Zip

33162

Country

USA

4. FEI Number

65-0933236

☒ Applied For

Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

YOUNG, PHILIP  
900 W. 49TH STREET  
SUITE 438  
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

BLACHLY, BRIAN

Street Address (P.O. Box Number is acceptable)

2050 NE 163 ST.

City

N. MIAMI BCH

FL

Zip Code

33162

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

BRIAN BLACHLY, PRESIDENT

1/13/99

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	P	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, PHILIP	
STREET ADDRESS	900 W. 49TH STREET, SUITE 438	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BLACHLY, BRIAN	
STREET ADDRESS	900 W. 49TH STREET, SUITE 438	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	BLACHLY, BRIAN	
STREET ADDRESS	2050 NE 163 ST.	
CITY-ST-ZIP	N. MIAMI BCH FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

8000003106472-7  
-01/21/00-01042-06  
\*\*\*150.00 \*\*\*150.00

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

BRIAN BLACHLY

Date

1/13/99

Daytime Phone #

(305) 632-7560