

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064327

1. Entity Name

AVENTURA LEASING CORP.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90032 017 \*\*\*150.00

Principal Place of Business

Mailing Address

221 W 26 STREET  
NEW YORK NY 10001

221 W 26 STREET  
NEW YORK NY 10001-6703

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

58-2481117

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPCO INC  
2699 S BAYSHORE DR 7 FL  
MIAMI FL 33133

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PROV. SECRET	<input type="checkbox"/> Delete
NAME	ANTON JUKS	
STREET ADDRESS	221 W 26 ST	
CITY-ST-ZIP	N.Y. N.Y. 10001	
TITLE	V. PROV. SECRET	<input type="checkbox"/> Delete
NAME	HAROLD GREEN	
STREET ADDRESS	221 W 26 ST	
CITY-ST-ZIP	N.Y. N.Y. 10001	
TITLE	PROV. SECRET	<input type="checkbox"/> Delete
NAME	ANTON JUKS	
STREET ADDRESS	221 W 26 ST	
CITY-ST-ZIP	N.Y. N.Y. 10001	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Date

Daytime Phone #

CR2E034 (9/99)