2

2000 UNIFORM BUSINESS REPÓRT (UBR)

LO VI LEASING COMPANY, INC. C2-1.4-2000 90044 025 *** \$0.00 Principal Place of Business Mailing Adverses Mailing Adve	DOCUMENT # P9900069135						Secretary of State				
Set WOOLBROIF ROLD SONTON BEACH FL 5969S SONTON BEACH FL 5969S Solve S	LO VI LE	ASING COMPANY, INC.				ļ					
Set WOOLBROIF ROLD SONTON BEACH FL 5969S SONTON BEACH FL 5969S Solve S	Principal Place	of Business	Mailing Address								
Subj. Act 9, etc. Suite Act 9, etc. Suite Act 9, etc. Do NOT Write IN THIS SPACE City 8 Suite City 8 Suite City 6 Suite City 6 Suite April 2 Ap			3841 WOOLBRIGHT ROAD				,	10020	.		
Sulfe, Apt. 4, etc. City & State City & State of Pickets Cit	001111011101110						**************************************			ri r iil (ra l	
City & State Ci	2. Principal Pl	ace of Business	3. Mailing Address			_					
Secretary Secr							DO NOT WRITE	E IN THIS SP	ACE	التاء المستحدة	<u>-</u> =
S. Name and Address of Current Registered Agent T. Name and Address of Name Registered Agent I.OGRASSO, VINCE 3841 WOOLBRIGHT ROAD BOYNTON BEACH FL 33438 Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Number is Not Acceptable) Streat	City & State		City & State			4./FE	5-0943741)			
Name Street Address (P.O. Box Number is Not Acceptuable) Street Address (P.O. Box Number is Not Acceptuable)	Zip		·			5. C	ertificate of Status Desired				
I CGRÁSSO, NNCE 3341 WOOL BRIGHT ROAD BOYNTON BEACH PL 33436 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 SIGNATU		6. Name and Address of Current Re	egistered Agent		Name	7. N	ame and Address of New Ro		ent		ĺ
BOYNTON BEACH FL 33436 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 Fiorida. SIGNATURE Social property of previous and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. Tax fing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. Tax fing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Tax fing requirement and elects to do so. Tax fing requi	1.0Gi 3841	RÁSSO, VINCE WOOI BRIGHT RÍOAD				ess (P.O. Bo	x Number is Not Acceptable)				
8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 8. This proportationals slightle to satisfy the Integrality of the appropriate of the statement of the purpose of the statement of	*										
SIGNATURE Signamen, nyear or planted review of inspituled signated signated signated agent and title if applicables. 9. This port containchia eligibile to applicable to do so. After MAY 1, 2000 Fee will be \$550,000 After MAY 1, 2000 Fee will be \$550,000 MAX Check Pepublis to to Department of State 17. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 19. INJE			•		City			FL	Zip Code	;	
Pagnetic parest parest are deligned applied in application. In MOTE Registered date in specialistic MOTE Registered date in specialistic. In MOTE Registered date in Section 11 (1997). In Mode and delects to do so. After MAY 1, 2000 Fee will be \$550.00. Make Check Payable to Department of State IT. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STRET ADDRESS CITY-ST-2P Delete TITLE NAME STRET ADDRESS CITY-ST-2P Delete TITLE NAME STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P Delete TITLE NAME STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-S	8. The above	named entity submits this statement for t	the purpose of changing its	register	ed office or reg	istered age	nt, or both, in the State of Flo	rida.			
Tark liling requirement and elects to do so. (See ortheria on back) Trus Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIME IMAGE LOGRASSO, VINCE 3841 WOOLBRIGHT ROAD BOYNTON BEACH FL 33438 CITY-51-JP TIME IMAGE STREET ADDRESS CITY-51-JP TIME IMAGE Change Addition TIME Change Addition Addition Addition Addition Addition Addition Addition TIME Change Addition Addition Addition Addition Addition Addition Addition Addition TIME Change Addition A	SIGNATURE _	Signature, typed or printed name of registered agent and	d title if applicable. (NOT	E: Registere	d Agent signature rea	quired when rein	nstating)	DATE			
Tark liling requirement and elects to do so. (See ortificing on back) TI. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE DOPASSO, VINCE STREET ADDRESS OCITY-ST-2P TILE INAME STREET ADDRESS OCITY-ST-2P TILE INAME STREET ADDRESS OCITY-ST-2P TILE Obeles TILE O	_ Q _This corno	ration is eligible to satisfy its Intangible	FILE NOW	III-BEE.	.IS.\$150.00.						
TITLE Delete Del	Tax filing requirement and elects to do so.		After MAY 1, 2000 Fee will be \$550.00			00					
NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete STREET ADDRESS CITY-ST-ZIP TI	11,			12.		ADI	DITIONS/CHANGES TO OFF	CERS AND D	SIRECTORS		
NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete STREET ADDRESS CITY-ST-ZIP TI	}		☐ Delete	10	- i			I	_ Change	Addition	66/6
NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete STREET ADDRESS CITY-ST-ZIP TI	STREET ADDRESS	3841 WOOLBRIGHT ROAD		STR	EET ADDRESS						2E034
STREET ADDRESS CITY-ST-ZP ITTLE Delete TITLE Dele	TITLE		☐ Delete	ÎITL	E				Change	Addition	8
CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TIT					.						
NAME STREET ADDRESS CITY-ST-ZIP ITTLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ITTLE Delete TITLE Delet	ł										
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE Delete TITLE Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete Delete TITLE Delete Delete TITLE Delete Dele	1 '		☐ Delete	- 1	1			ļ	Change	☐ Addition	
TITLE Delete TITLE Delete TITLE Delete D	STREET ADDRESS			STR	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STR			[] Coloto						Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with flishing 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 revortis that an an officer or director of the corporation of the receiver or fluster employed 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 five empowered. SIGNATURE:	NAME		L) Delete	NAN	Æ						
NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with Hisfilling 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 reporting it judy 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 or furties 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 analysing state of the empowered. SIGNATURE:											
STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with His/filling 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 stopplemental reporting flue 2nd 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 or furties 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 analysing state of the empowered. SIGNATURE:	TITLE		☐ Delete	TITL	E				☐ Change	☐ Addition	1
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with His/filly 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 judy 2nd accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver or fusited emproperate 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 analysis supplemental 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 analysis supplemental 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 analysis supplemental 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 analysis supplemental to execute this report as required by Chapter 607, Florida Statutes.	-										
NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with his filling 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 lung 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 or trusted 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: **DACOO CONTROL STATUTE**		,									
STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with his filling 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 resport is lung 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 or frusted 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: STREET ADDRESS CITY-ST-ZIP			☐ Delete		L L				☐ Change	☐ Addition	
13. I hereby certify that the information supplied with his filling 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 resort is flue and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation of the receiver or pushed 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:	STREET ADDRESS		An .	STR	EET ADDRESS						
SIGNATURE: / //// /// /// 0201-00 E01-369-067/		certify that the information supplied with	isfilling does not qualify to			in Section	19.07(3)(i), Florida Statutes	I further certi	fy that the i	nformation	1
SIGNATURE: / //// /// /// 0201-00 E01-369-067/	indicated of the co- changed	on this report or supplemental resortis reporation of the receiver or rusted empo I, or on an attachment with engagness. V	live and accurate and that the to execute this repor its all other like empowered	my signa t as requ	ature shall have ired by Chapte	e the same ler 607, Florid	egal effect as if made under da Statutes; and that my nam	oath; that I ar e appears in	n an officer Block 11 o	or director r Block 12 if	
* A SHANDALUME ARLES THE DATE OF MARKET OF SHANDAL CHERCAL CHART (1994)		TURE:	11/1/	1			0201-00	Eles	-369.	0671)	1