

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90109 042 ***150.00

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DOCUMENT # P99000070550

1. Entity Name

NATIONAL FLEET AUTO LEASE, INC.



Principal Place of Business
**100 NW 98TH LANE
CORAL SPRINGS FL 33071**

Mailing Address
**100 NW 98TH LANE
CORAL SPRINGS FL 33071**

2. Principal Place of Business

6466 NW 5 WAY
Suite, Apt. #, etc.

3. Mailing Address

6466 NW 5 WAY
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

FT. LAUDERDALE FL

Zip **33309**
Country **USA**

City & State

FT. LAUDERDALE FL

Zip **33309**
Country **USA**

4. FEI Number

65-0940349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MOSKOWITZ, WILLIAM
100 NW 98TH LANE
CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name **JOHN PASSARIELLO**

Street Address (P.O. Box Number is Not Acceptable)
6466 NW 5 WAY

City **FT. LAUDERDALE**

FL

Zip Code **33309**

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/31/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **PTD** ☐ Delete
NAME **MOSKOWITZ, WILLIAM**
STREET ADDRESS **100 NW 98TH LANE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **VSD** ☐ Delete
NAME **MOSKOWITZ, ARLENE**
STREET ADDRESS **100 NW 98TH LANE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **6466 NW 5th WAY**
CITY-ST-ZIP **FT. LAUD. FL 33309**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **↑ SAME**
CITY-ST-ZIP

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-03
Date

954 646 6282
Daytime Phone #

CR2E034 (10/02)