

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90162 023 \*\*\*150.00

**DOCUMENT # P99000102550**

1. Entity Name

**PAGOTTO LEASING, INC.**

Principal Place of Business

**6350 NORTHEAST 4TH AVENUE  
MIAMI FL 33138**

Mailing Address

**6350 NORTHEAST 4TH AVENUE  
MIAMI FL 33138**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0962912**

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

**SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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, 2001 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	PD	<input checked="" type="checkbox"/> Delete
NAME	PAGOTTO, URBANO	
STREET ADDRESS	6350 NORTHEAST 4TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33138	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGOTTO, URBANO H	
STREET ADDRESS	6350 N.E. 4TH AVE	
CITY-ST-ZIP	MIAMI FL 33138-6101	

TITLE	VD	<input type="checkbox"/> Delete
NAME	PAGOTTO, FERRUCCIO F	
STREET ADDRESS	6350 NORTHEAST 4TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33138	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Delete
NAME	PAGOTTO, MARUETTE	
STREET ADDRESS	6350 NORTHEAST 4TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33138	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGOTTO, MARIETTE	
STREET ADDRESS	6350 N.E. 4TH AVE	
CITY-ST-ZIP	MIAMI FL 33138-6101	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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		
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:

*Mariette Pagotto* MARIETTE PAGOTTO

Sec. 04/24/01

305-758-1575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)