

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # S32365

1. Entity Name
THIRD AVENUE LEASING CORPORATION



Principal Place of Business

**707 SE THIRD AVE
SUITE 400
FT LAUDERDALE, FL 33316 US**

Mailing Address

**707 SE THIRD AVE
SUITE 400
FT LAUDERDALE, FL 33316 US**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0263585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DISQUE, PHILIP A.
707 SE THIRD AVE
SUITE 400
FT LAUDERDALE, FL 33316**

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U00000078100
03/08/04-80014-006 150.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DISQUE, PHILIP A.
STREET ADDRESS	707 SE THIRD AVE., #400
CITY-ST-ZIP	FT LAUDERDALE, FL
TITLE	PD
NAME	FERRERO, RAYMOND J JR.
STREET ADDRESS	707 SE 3RD AVE, 6TH FLOOR
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #