

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 10, 2000 08:00 AM**
Secretary of State**DOCUMENT # S66879****1. Entity Name****NADIA AUTOMOBILE LEASING CORP.****Principal Place of Business**

1001 BRICKELL BAY DR.

STE. #2702

MIAMI

331314940

FL

US

Mailing Address

1001 BRICKELL BAY DR.

STE. #2702

MIAMI

331314940

FL

US

2. Principal Place of Business

1201 BRICKELL AVENUE

3. Mailing Address

1201 BRICKELL AVENUE

Suite, Apt. #, etc.

STE. #220

Suite, Apt. #, etc.

STE. #220

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

331313207

Country

US

Zip

331313207

Country

US

4. FEI Number**65-0419000****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

WAYNE GEOFFREY M.P.A.

1001 BRICKELL BAY DR.

STE. #2702

MIAMI

33131

US

FL

7. Name and Address of New Registered Agent**Name**

WAYNE GEOFFREY M.P.A.

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

1201 BRICKELL AVENUE

STE. #220**City**

MIAMI

FL**Zip Code**

331313207

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 ROBERT LAVERDURE**

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

02/10/2000

DATE

(NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	LAVERDURE, ROBERT	4025, BOUL. INDUSTRIAL, BUREAU 202	LAVAL QUEBEC CANADA H7L 4S3	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PVS	LAVERDURE, ROBERT	4025, BOUL. INDUSTRIAL, BUREAU 202	LAVAL QUEBEC CANADA H7L 4S3	

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: Robert Laverdure****02/10/2000**