## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 04, 2002 8:00 am Secretary of State DOCUMENT # S71797 1. Entity Name 09-04-2002 90092 040 \*\*\*550 00 SR 7 LEASING, INC. Principal Place of Business Mailing Address 1881 N SR 7 1881 N SR 7 80135809 SUITE 208 SUITE 208 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business Mailing Address 19390 NW 2 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ATTU. KATTHI FREITAG Applied For City & State City & State 4. FEI Number 65-0284221 MIAMI Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATHMAN, WAYNE M Street Address (P.O. Box Number is Not Acceptable) ONE BISCAYNE TOWER, SUITE 3660 2 SOUTH BSICAYNE BOULEVARD **MIAMI FL 33131** City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS DP TITI F ☐ Change ☐ Addition TITLE ☐ Delete POTAMKIN, ALAN H. NAME NAME STREET ADDRESS 4675 S.W. 74TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME POTAMKIN, ROBERT M. STREET ADDRESS STREET ADDRESS 130 SPRUCE ST CITY-ST-ZIP CITY-ST-ZIP PHILADELPHIA PA Delete Addition TITLE Change NAME NAME BESSEN, TED STREET ADDRESS STREET ADDRESS 101 W 79 ST CITY-ST-ZIP CITY-ST-ZIP <u>NEW YORK NY</u> Delete TITLE Change ☐ Addition TITLE NAME NAME JACOBSON, HARLEY STREET ADDRESS STREET ADDRESS 11229 W ATLANTIC BLVD CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME YUSKO, DAVID STREET ADDRESS STREET ADDRESS 16600 N.W. 57TH AVE. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33014 TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 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 adoless, with all other like impowered.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dat

Daytime Phone #

R2F034 (4/0)