

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S80461

1. Entity Name

FLORIDA EQUIPMENT LEASING, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90061 026 ***150.00

Principal Place of Business

Mailing Address

10887 N.W. 17 STREET, STE. 170
MIAMI FL 33172
US

P.O. BOX 14-1156
CORAL GABLES FL 33114-1156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0285310

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

BEUCHELE, MARK E
1400 N.W. 107TH AVE.
SUITE 205
MIAMI FL 33172

1500 Bay Rd.
Suite 247
Miami Beach FL
33139

Name

Mark Beuchele

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ASD
FORMAN, TERRY J
STREET ADDRESS 1501 SW LE JEUNE ROAD
CITY-ST-ZIP CORAL GABLES FL 33134 ☒ Delete

TITLE NAME PD
PATTERSON, BARRY
STREET ADDRESS 9737 NW 41 STREET
CITY-ST-ZIP MIAMI FL 33178 ☒ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME PD
William O'Donnell
STREET ADDRESS 10887 NW 17 ST
CITY-ST-ZIP Miami FL 33172 ☐ Change ☒ Addition

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2000

Date

(305) 436 9499

Daytime Phone #

CR2E034 (9/99)