

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90068 006 ***150.00

DOCUMENT # K54671

1. Entity Name
NEFF RENTAL, INC.

Principal Place of Business 3750 NW 87TH AVE SUITE 400 MIAMI FL 33178 US	Mailing Address 3750 NW 87TH AVE SUITE 400 MIAMI FL 33178 US
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628796



DO NOT WRITE IN THIS SPACE

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	65-0160403	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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 _____ (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.

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		
TITLE	D/P	<input type="checkbox"/> Delete
NAME	GLADIS, PETE	
STREET ADDRESS	3750 NW 87TH AVE., SUITE 400	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	IRION, MARK	
STREET ADDRESS	3750 NW 87TH AVE., SUITE 400	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORGE MAS	
STREET ADDRESS	3155 NW 77 AVE	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	MANAGER DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARTUR GAFFER	
STREET ADDRESS	5405 MORRIS AVENUE SUITE 340	
CITY-ST-ZIP	SAN DIEGO CA 92121	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAUL E DEAN	
STREET ADDRESS	1614 EAST PINE RIVER ROAD	
CITY-ST-ZIP	MIDLAND MI 48640	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOEL THOMAS CITRON	
STREET ADDRESS	660 MADISON AVE, 22ND FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10021	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL MARKBREITER	
STREET ADDRESS	1120 PARK AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10128	
TITLE	DIRECTORS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUAN CARLOS MAS + JOSE R. MAS	
STREET ADDRESS	3155 NW 77 AVE	
CITY-ST-ZIP	MIAMI FLORIDA 33122	

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: MARK IRION CFO 2/01/01 305-513-3350
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)