

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90332 036 \*\*\*550.00

0167931  
FP

**DOCUMENT # F02000001796**

1. Entity Name  
**HARBORAGE LEASING CORP.**



Principal Place of Business  
CPA-585 STEWART AVE. #409  
ATTN: LENNY BLUM, CPA  
GARDEN CITY NY 11530

Mailing Address  
CPA-585 STEWART AVE. #409  
ATTN: LENNY BLUM, CPA  
GARDEN CITY NY 11530



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **02-0472771** 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

**ROSS, DIANA C**  
**1700 NE 26TH STREET #4**  
**FT. LAUDERDALE FL 33305-1413**

Name **ROSS, DIANA C**  
Street Address (P.O. Box Number is Not Acceptable)  
**5200 NE 14 WAY #303**  
City **FT LAUDERDALE FL** Zip Code **33334**

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]* (NOTE: Registered Agent signature required when reinstating) DATE **7/7/03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<input type="checkbox"/> Delete	DP <b>TERASKIEWICZ, EDWARD</b>	<b>CPA-585 STEWART AVE. #409</b>	<b>GARDEN CITY NY 11530</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	DV <b>TERASKIEWICZ, MARIE</b>	<b>CPA-585 STEWART AVE. #409</b>	<b>GARDEN CITY NY 11530</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	DV <b>FERRARO, LISA</b>	<b>CPA-585 STEWART AVE. #409</b>	<b>GARDEN CITY NY 11530</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete	ST <b>BLUM, LENNY</b>	<b>CPA-585 STEWART AVE. #409</b>	<b>GARDEN CITY NY 11530</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 all other like empowered.

SIGNATURE: *[Signature]* **REQUIRE** **BLUM** **7/7/03** **516-745-0088**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (4/03)