

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001212**

1. Entity Name

**EQUIMARK, LIMITED**

Principal Place of Business  
**6765 CASA GRANDE WAY  
 DEL RAY BEACH FL 33446**

Mailing Address  
**6766 CASA GRANDE WAY  
 DEL RAY BEACH FL 33446-2348**

**FILED**  
**00 MAY -2 PM 4: 20**

**SECRETARY OF STATE  
 PALM BEACH COUNTY FLORIDA**



2. Principal Place of Business

**4733 W Atlantic Ave  
 Suite, Apt. #, etc.  
 C8**

3. Mailing Address

**4733 W Atlantic Ave  
 Suite, Apt. #, etc.  
 C8**

City & State

**Delray Beach FL**

City & State

**Delray Beach FL**

4. FEI Number

**65-0762390**

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

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. Capital Contributions as Shown on record.

**\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
 SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **F97000002839**  
 NAME **K & R INVESTMENTS, INC.**  
 STREET ADDRESS **201 S. 18TH STREET, #709**  
 CITY - ST - ZIP **PHILADELPHIA PA 19103**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4733 W Atlantic Ave C8**  
 CITY - ST - ZIP **Delray Beach, FL 33445**

STREET ADDRESS \_\_\_\_\_  
 CITY - ST - ZIP **600003288806--1  
 -06/14/00--01065--014  
 \*\*\*\*141.25 \*\*\*\*141.25**

STREET ADDRESS \_\_\_\_\_  
 CITY - ST - ZIP **De**

STREET ADDRESS \_\_\_\_\_  
 CITY - ST - ZIP \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_  
 CITY - ST - ZIP \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_  
 CITY - ST - ZIP \_\_\_\_\_

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_\_\_\_\_

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**4-27-00**

Date

**561-491 5353**

Daytime Phone #

CR2E003 (9/99)