FILED
Feb 04, 2002 8:00 am
Secretary of State

1. Entity Nam	MENT # G3395 0 s equipment, Inc.	0		-	Secretary 02-04-2002 90130			AV	
Principal Place of Business 2551 HAMMONDVILLE RD POMPANO BCH FL 33069 US		Mailing Address 2551 HAMMONDVILLE RD POMPANO BCH FL 33069 US							
2. Principal Place of Business		3. Mailing Address				6 6			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	4. FEI Number 59-2295021 Applied For Not Applica			}	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add Fee Require		1	
	6. Name and Address of Current R	egistered Agent	Name	7.	Name and Address of New Registere	d Agent		-	
RAGNO, JOHN									
•	idential dr		Street Address		(P.O. Box Number is Not Acceptable)				
BOYNTON	BCH FL 33435								
-			City		F	Zip Code	e	1	
8. The above	named entity submits this statement for t	he purpose of changing its re	aistered office or real	stered ac				1	
SIGNATURE	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible		egistered Agent signature req	uired when r	<u></u>		0		
_	requirement and elects to do so.		Fee will be \$550.0		10. Election Campaign Financing Trust Fund Contribution.		O May Be I to Fees		
11.	OFFICERS AND D	<u> </u>	12.			ND DIRECTORS	S IN 11	1	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAGNO, JOHN J. 2551 HAMMONDVINE RD POMPANO BCH FL 33069	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,-		Change	Addition	CR2E034 (9/01)	
NAME STREET ADDRESS CITY-ST-ZIP.	VPD RAGNO, TAMMY 2551 HAMMONDVINE RD POMPANO BCH FL 33069	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	Change	Addition	5	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	• .	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with th	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Saction	110 07(3Vi) Florida Statutos I further o	Change	Addition		

indicated on this report or supplied with this him globs not quality for the exemption stated in Section 119.0/(3)(i), Fiorida statutes. I furner 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 eport 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:

SINILLY.

2002 UNIFORM BUSINESS REPORT (UBR)

John J. RAEN 954-932-3400

Date Daytine Phone #