

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2000 8:00 am**  
**Secretary of State**  
 04-07-2000 90071 001 \*\*\*150.00

**DOCUMENT # G84110**  
 1. Entity Name  
**EQU-DEBT FINANCIAL GROUP, INC.**

Principal Place of Business C/O MARK SHANTZIS 8885 SOUTH HWY A1A MIAMI BEACH FL 32951 US	Mailing Address C/O MARK SHANTZIS 8885 SOUTH HWY A1A MIAMI BEACH FL 32951 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-2445235**

5. Certificate of Status Desired  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**SHANTZIS MARK D**  
~~6061 COLLINS AVE~~  
~~#6F~~  
~~MIAMI BCH FL 33140~~

7. Name and Address of New Registered Agent  
 Name: **MARK D. SHANTZIS (SAME)**  
 Street Address (P.O. Box Number is Not Acceptable): **8885 SOUTH HWY A1A (NEW)**  
 City: **MELBOURNE BEACH, FL** Zip Code: **32951**

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: *Mark D. Shantzis* **PRES** DATE: **4/4/00**

9. This corporation is eligible to satisfy its intangible tax filing requirements 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHANTZIS, MARK D.</b> <del>6061 COLLINS AVE, #6F</del> <del>MIAMI BEACH FL</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SHANTZIS, GABRIEL</b> <b>2500 E HALLANDALE BCH BL</b> <b>HALLANDALE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SHANTZIS, MORA</b> <del>6061 COLLINS AVENUE #6F</del> <del>MIAMI BEACH FL</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A</b> <b>MARK D. SHANTZIS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8885 SOUTH HWY A1A</b> <b>MELBOURNE BEACH, FL 32951</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MORA SHANTZIS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8885 SOUTH HWY A1A</b> <b>MELBOURNE BEACH, FL 32951</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME 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: *Mark D. Shantzis* **PRES, MARK D. SHANTZIS, Pres** DATE: **4/4/00** DAYTIME PHONE #: **321-733-6123**

CR2E034 (9/99)