

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 14, 2000 8:00 am**  
**Secretary of State**

02-14-2000 90009 010 \*\*\*150.00

BU020191



DO NOT WRITE IN THIS SPACE

**DOCUMENT # H96622**

1. Entity Name  
**EQUIFLOR CORPORATION**

Principal Place of Business

Mailing Address

C/O MICHAEL A. RUBIN  
 420 S. DIXIE HIGHWAY, SUITE #4B  
 CORAL GABLES FL 33146

C/O MICHAEL A. RUBIN  
 420 S. DIXIE HIGHWAY, SUITE #4B  
 CORAL GABLES FL 33146-2222

2. Principal Place of Business

3. Mailing Address

4405 NW 97 Avenue  
 Suite, Apt. #, etc.

c/o Anthony A. Sarandes  
 Suite, Apt. #, etc.  
 810 SW 80 Street

City & State  
 Miami, FL

City & State  
 Ocala, FL

4. FEI Number **59-2703775**

Applied For  
 Not Applicable

Zip Country  
 33178 USA

Zip Country  
 34476 USA

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

RUBIN, MICHAEL A.  
 420 S. DIXIE HIGHWAY  
 SUITE #4B  
 CORAL GABLES FL 33146

Name  
**Anthony A. Sarandes**  
 Street Address (P.O. Box Number is Not Acceptable)  
**810 SW 80 Street**  
 City **Ocala** **FL** Zip Code **34476**

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 *Anthony A. Sarandes* (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. (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIORGINI, VICTOR R 4405 NW 97TH AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SARANDES, ANTHONY 4405 NW 97TH AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JANICE L GIACOBazzi 4405 NW 97TH AVE MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARRERO, RAUL 4405 N.W. 97TH AVE. MIAMI FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MICHAEL A RUBIN 4405 N.W. 97TH AVE MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUJILLO, NICOLAS F 4405 NW 97TH AVE MIAMI FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Giorgini, R. Victor 4405 NW 97 Ave. Miami, FL 33178	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Sarandes, Anthony 810 SW 80 Street Ocala, FL 34476	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Schmidt, James 1 Grove Isle Dr., Unit 1202 Coconut Grove, FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rhodes, Willard 260 N. Ashe Street Southern Pines, NC 28387	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shultz, Peter 801 Pine Creek Lane Naples, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Torres, Juan 4405 NW 97 Ave. Miami, FL 33178	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Anthony A. Sarandes* Date **2-4-00** Daytime Phone # **352-237-1870**

CR2E034 (9/99)