2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90112 033 ***150.00

DOCUMENT # K13678

1. Entity Name
EQUIP'HOTEL, INC.

Principal Place of Business	Mailing Address
5901 NW 151ST STREET 202 MIAMI LAKES FL 33014 US	5901 NW 151ST STREET 202 MIAMI LAKES FL 33014 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20709 N.W. 1st Street	P.O. Box 297260
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Pembroke Pines, Fl.	City & State: Pembroke Pines, Fl.
Zip: 33029 Country: U.S.A	Zip: 33029 Country: U.S.A

4. FEI Number 65-0027096 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

POUCET, NATALIE MITCHELL
5901 NW 151 ST
202
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name: POUCET, NATALIE MITCHELL
Street Address (P.O. Box Number is Not Acceptable): 20709 N.W. 1st Street
City: Pembroke Pines **FL** Zip Code: 33029

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. 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, 2002 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	VSD POUCET, FRANCOIS 20709 NW FIRST ST PEMBROKE PINES FL 33029 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD POUCET, NATALIE MITCHELL 20709 NW FIRST ST PEMBROKE PINES FL 33029 ☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Natalie Poucet NATALIE POUCET 4/22/02 954-443-8699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)