

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91106 008 ***150.00

DOCUMENT # *M 54102*

1. Entity Name

Equipment Tools Corp



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1944 NW 82 Ave.

3. Mailing Address

8360 W. Flagler St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

206

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-2823641

Applied For

Not Applicable

Zip

33126

Country

USA.

Zip

33144

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Winston Salas

Street Address (P.O. Box Number is Not Acceptable)

1944 NW 82 Ave.

City

MIAMI

FL

Zip Code

33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*PST
Winston Salas
1944 NW 82 Ave, MIAMI, FL
33126*

TITLE
NAME
STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)