

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *PA 7000268484*
1. Entity Name
 Equity Financial Group Inc

FILED
 00 JUN -2 AM 11:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
 9240 SW 72nd Street Suite 100
 Miami, Fl 33173

2. Principal Place of Business 9240 Sw 72nd ST Suite, Apt. #, etc. 100 City & State Miami, Fl	3. Mailing Address 9240 SW 72nd St Suite, Apt. #, etc. 100 City & State Miami, Fl
Zip 33173 Country Dade	Zip 33173 Country Dade

4. FEI Number *650723266* Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Miriam De Toro
 231 Altara Ave
 Coral Gables, Fl 33146

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 *Miriam De Toro* DATE *5.22.00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
(See criteria on back) **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 PRESIDENT <input checked="" type="checkbox"/> Delete	TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME VIRGINIA NOVOA	NAME SONIA BENITEZ
STREET ADDRESS 9240 SW 72nd St #100	STREET ADDRESS 9240 SW 72nd St #100
CITY-ST-ZIP Miami, Fl 33173	CITY-ST-ZIP Miami, Fl 33173
TITLE _____ <input type="checkbox"/> Delete	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	NAME VICEPRESIDENT
STREET ADDRESS _____	STREET ADDRESS RAUL BENITEZ
CITY-ST-ZIP _____	CITY-ST-ZIP 9240 SW 72nd St #100 Miami, Fl 33173
TITLE _____ <input type="checkbox"/> Delete	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	NAME 100003299501--0
STREET ADDRESS _____	STREET ADDRESS -06/21/00--01090--003
CITY-ST-ZIP _____	CITY-ST-ZIP *****61.25 *****61.25
TITLE _____ <input type="checkbox"/> Delete	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	NAME _____
STREET ADDRESS _____	STREET ADDRESS _____
CITY-ST-ZIP _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	NAME _____
STREET ADDRESS _____	STREET ADDRESS _____
CITY-ST-ZIP _____	CITY-ST-ZIP _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SONIA BENITEZ	NAME SONIA BENITEZ
STREET ADDRESS 9240 SW 72nd St #100	STREET ADDRESS 9240 SW 72nd St #100
CITY-ST-ZIP Miami, Fl 33173	CITY-ST-ZIP Miami, Fl 33173
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	NAME 100003299501--0
STREET ADDRESS _____	STREET ADDRESS -06/21/00--01090--003
CITY-ST-ZIP _____	CITY-ST-ZIP *****61.25 *****61.25
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME _____	NAME _____
STREET ADDRESS _____	STREET ADDRESS _____
CITY-ST-ZIP _____	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: *Sonia Benitez* Date *5/22/00* Daytime Phone # *3055981876*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF 2E034 (9/99)

SP