## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

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## Mar 22, 2002 8:00 am & Secretary of State **FILED** DOCUMENT # P97000038224 1. Entity Name 03-22-2002 90062 026 \*\*\*150.00 EQUIJUST INC. Principal Place of Business Mailing Address 300 S. PINE ISLAND RD. 300 S. PINE ISLAND RD. **SUITE 253 SUITE 253** PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 223 Suite 223 City & State Applied For City & State 4. FEI Number 59-3444615 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROJAS, MARCO E Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DRIVE **SUITE 0-305** MIAM! FL 33131 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Change TITL F ☐ Delete TITLE KIDD, ANTON NAME NAME STREET ADDRESS 2558 JARDIN MANOR STREET ADDRESS WESTON FL 38327 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME DAVIES, EDWARD NAME STREET ADDRESS STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE 0-305 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition TITLE - . - - -PARRY, GARRETH NAME NAME STREET ADDRESS STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE 0-305 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 <sup>♠</sup> □ Delete ☐ Change ☐ Addition TITLE TITLE ROJAS, MARCO E NAME NAME STREET ADDRESS 520 BRICKELL DEY DRIVE SUITE 0-305 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP s of qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information under each that my signature shall have the same legal effect as if made under eath; that I am an officer or director ute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if filing does 13. I hereby certify that the information supplied with indicated on this report or supplemental report ue and of the corporation or the receiver or trustee er changed, or on an attachment with an addr

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #