

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 28, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000006860**

1. Entity Name  
**L&J EQUIPMENT, INC.**

Principal Place of Business 11601 BISCAYNE BLVD, SUITE 201  MIAMI FL 331813151	Mailing Address 11601 BISCAYNE BLVD, SUITE 201  MIAMI FL 331813151
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2. Principal Place of Business 555 NE 15TH STREET	3. Mailing Address 555 NE 15TH STREET
Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc. SUITE 100

DO NOT WRITE IN THIS SPACE

City & State MIAMI FL	City & State MIAMI FL	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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Zip 33132	Country	Zip 33132	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  GREENFIELD JOHN 11601 BISCAYNE BLVD, SUITE 201  MIAMI FL 331813151		7. Name and Address of New Registered Agent  Name GREENFIELD JOHN Street Address (P.O. Box Number is Not Acceptable) 555 NE 15TH STREET  SUITE 100  City MIAMI FL Zip Code 33132	
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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 \_\_\_\_\_ DATE **04/28/2000**  
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) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	STD <input type="checkbox"/> Delete	TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENFIELD JOHN	NAME	GREENFIELD JOHN	NAME	GREENFIELD LOUIS	NAME	
STREET ADDRESS	11601 BISCAYNE BLVD, SUITE 201	STREET ADDRESS	555 NE 15TH STREET	STREET ADDRESS	555 NE 15TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 331813151	CITY-ST-ZIP	MIAMI FL 33132	CITY-ST-ZIP	MIAMI FL 33132	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE	
NAME	GREENFIELD LOUIS	NAME	GREENFIELD LOUIS	NAME		NAME	
STREET ADDRESS	11601 BISCAYNE BLVD, SUITE 201	STREET ADDRESS	555 NE 15TH STREET	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 331813151	CITY-ST-ZIP	MIAMI FL 33132	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE	
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE	
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE	
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		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: JOHN GREENFIELD STD: 04/28/2000