

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 04, 2001 8:00 am
Secretary of State

0265333

DOCUMENT # 274738

1. Entity Name

EQUITABLE MORTGAGE & INVESTMENT CO.

06-04-2001 90018 048 ***150.00

| | |
|------------------------------------------------------------------------------|------------------------------------------------------------------|
| Principal Place of Business 1828-B N UNIVERSITY DR PLANTATION FL 33322 | Mailing Address 1828-B N UNIVERSITY DR PLANTATION FL 33322 |
|------------------------------------------------------------------------------|------------------------------------------------------------------|

00057452



DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------|-----------------------------------------|
| 2. Principal Place of Business 9430 NW 16 Street | 3. Mailing Address 9430 NW 16 Street |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|-------------------------------------------------|--------------------------------|---------------------------------------------|--------------------------------------------------------|
| City & State Plantation, FL | City & State Plantation, FL | 4. FEI Number 59-1051661 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33322 | Country USA | Zip 33322 | Country USA |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |

6. Name and Address of Current Registered Agent

MILLER, MILTON
 4275 UNIVERSITY DR
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name: SARA MILLER
 Street Address (P.O. Box Number is Not Acceptable): 9430 NW 16 Street
 City: Plantation FL Zip Code: 33322

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: *Sara Miller* DATE: 5/30/01

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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 | PVD MILLER, GEORGE 1828-B N UNIVERSITY DR PLANTATION FL 33322 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Sara Miller 9430 NW 16 Street Plantation, FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MILLER, SARA 1828-B N UNIVERSITY DR PLANTATION FL 33322 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPTS Debra Miller 9430 NW 16 Street Plantation, FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE: *Sara Miller* SARA MILLER 5/30/01 (954) 452-4908

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)