

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 541627

1. Entity Name

SOUTH FLORIDA EQUIPMENT CO.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90157 011 ***150.00

Principal Place of Business

Mailing Address

18701 S.W. 108 AVE.
MIAMI FL 33157

18701 S.W. 108 AVE.
MIAMI FL 33157-6732

2. Principal Place of Business

3. Mailing Address

10775 S.W. 188th St.

10775 S.W. 188th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay #5

Bay #5

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

59-1989973

Applied For

Not Applicable

Zip

33157

Country

USA

Zip

33157

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GERSPACHER, THOMAS S.
18701 S.W. 108 AVE.
MIAMI FL 33157

Name

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

4417 SAN AMARO DRIVE

City

CORAL GABLES

FL

Zip Code

33146

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.

(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) ☐

FILE NOW!!! FEE IS \$150.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **GERSPACHER, THOMAS S.**
CITY-ST-ZIP **11100 SNAPPER CREEK DR**
MIAMI FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4417 SAN AMARO DRIVE**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Sign Here

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00

305-234-1279

CR2E034 (9/99)