

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 565238

1. Entity Name

EQUITRAC CORPORATION

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90021 001 ***150.00

Principal Place of Business

Mailing Address

836 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

836 PONCE DE LEON BLVD.
CORAL GABLES FL 33134-3041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1797862

Applied For

Not Applied

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

CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131

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

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	VP	<input checked="" type="checkbox"/> Delete
NAME	MODIST, SCOTT	
STREET ADDRESS	1423 ALHABRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANE, JOHN T.	
STREET ADDRESS	836 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WILSON, GEORGE P.	
STREET ADDRESS	836 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JONES, SHARON	
STREET ADDRESS	7301 SW 37ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARSON, STEPHEN L	
STREET ADDRESS	836 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSSI, MARK	
STREET ADDRESS	836 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	

TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Rick Staveley	
STREET ADDRESS	836 Ponce De Leon Blvd.	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

Sharon Jones Sharon Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-00

Date

305 442-206

Daytime Phone #