

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23321**

1. Entity Name

EQUITRUST SERIES 86-I MORTGAGE FUND, LTD.

Principal Place of Business

**951 N.E. 167TH STE., #204
NORTH MIAMI BEACH FL 33162**

Mailing Address

**951 N.E. 167TH STE., #204
NORTH MIAMI BEACH FL 33162**

FILED
02 JUN 10 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

801 NE 167TH STREET

3. Mailing Address

801 NE 167TH STREET

Suite, Apt. #, etc.

SECOND FLOOR

Suite, Apt. #, etc.

SECOND FLOOR

City & State

N. MIAMI BCH, FL

City & State

N. MIAMI BCH, FL

Zip

33162

Country

US

Zip

33162

Country

US

4. FEI Number

59-2735268

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DUE BY MAY 1, 2002

6. Name and Address of Current Registered Agent

STEVEN MEISTER

**951 N.E. 167TH STE., #204
NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name

STEVEN MEISTER

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

801 NE 167TH STREET

SECOND FLOOR

City

N. MIAMI BCH

FL

Zip Code

33162

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.

STEVEN MEISTER

4-15-02

DATE

9. Capital Contributions as Shown on record.

\$537,500.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE

SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #

G00147900351

NAME

EQUITRUST ASSOCIATES

STREET ADDRESS

951 N.E. 167TH STE., #204

CITY-ST-ZIP

NORTH MIAMI BEACH FL 33162

13. ADDRESS CHANGES ONLY

STREET ADDRESS

801 NE 167TH STREET, Second Floor

CITY-ST-ZIP

N. MIAMI BCH, FL 33162

STREET ADDRESS

CITY-ST-ZIP

BK

STREET ADDRESS

400005763384--0

CITY-ST-ZIP

-06/12/02--01063--005

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DOCUMENT #

NAME

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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **X**

SIGNATURE REQUIRED

Partner

4-15-02

305-653-2100

STAPLE CHECK HERE

CR2E003 (9/01)