

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # J45930</b> 1. Entity Name <b>EQUITABLE BANK</b>				
Principal Place of Business <b>633 S FEDERAL HWY                  FT LAUDERDALE, FL 33301 US</b>		Mailing Address <b>633 S FEDERAL HWY                  FT LAUDERDALE, FL 33301 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip Country		Zip Country		
4. FEI Number <b>59-2718611</b> Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				
6. Name and Address of Current Registered Agent <b>H. WILLIAM SPOTE, JR                  633 SOUTH FEDERAL HIGHWAY                  FT. LAUDERDALE, FL 33301</b>		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agents signature required when reinstating)</small>				
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SPOTE JR., H. WILLIAM 2040 NE 163RD ST. N. MIAMI BCH., FL	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, JAMES D. 6520 S.W. 134TH DR MIAMI, FL	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, NORMAN S 4000 HOLLYWOOD BLVD. SUITE 620 NORTH HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWARTZ, STANLEY J 11111 BISCAYNE BLVD. N. MIAMI, FL	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEADER, JERRY 2480 N.E. 201ST ST N. MIAMI, FL	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASUR, WAYNE K. 1620 N.W. 203 RD ST N. MIAMI, FL	<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: <b>LEN HARGADON SUP</b>		Date: <b>4/21/03</b> 9545242265		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				

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CHECK HERE IF MAKING CHANGES

CPRE004 (10/02)