

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J46378

1. Entity Name

UNITED EQUITIES MANAGEMENT CORP

FILED

Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90075 015 ***150.00

Principal Place of Business

Mailing Address

9715 W BROWARD BLVD
300
PLANTATION FL 33324
US

9715 WEST BROWARD BLVD
300
PLANTATION FL 33324
US

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 59-2740568

Applied For

Not Applicable

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

WINKLER, SUSAN E.
10341 SW 18TH ST
MIRAMAR FL 33025

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, 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 ~~PD~~ ☐ Delete
NAME WINKLER, J.O.
STREET ADDRESS 10341 SW 18 ST
CITY-ST-ZIP MIRAMAR FL 33025

TITLE ~~TREASURER~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~STD~~ ☐ Delete
NAME WINKLER, SUSAN E
STREET ADDRESS 10341 SW 18 ST
CITY-ST-ZIP MIRAMAR FL 33025

TITLE ~~PRESIDENT - SECRETARY/TREASURER~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME ACHESON, THOMAS
STREET ADDRESS 16 LUTHER FRANKLIN LN.
CITY-ST-ZIP LINVILLE FALLS NC 28647

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: *Susan Winkler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN WINKLER
President

3-22-01

Date

(954) 8021515

Daytime Phone #

CR2E034 (10/00)