

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011271

1. Entity Name  
EQUINOX LC

Principal Place of Business

411 S. WILLOW, UNIT C  
TAMPA FL 33606

Mailing Address

411 S. WILLOW, UNIT C  
TAMPA FL 33606

2. Principal Place of Business

2001 W. Dekle Ave.

3. Mailing Address

2001 W. Dekle Ave.

Suite, Apt. #, etc.

Apt. K

Suite, Apt. #, etc.

Apt. K

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33606

Country

U.S.A.

Zip

33606

Country

U.S.A.

6. Name and Address of Current Registered Agent

ELENA ELISALDE, MARIA  
411 S. WILLOW, UNIT C  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

Maria Elena Elisalde

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

2001 W. Dekle Ave., Apt. K

City

Tampa

FL

Zip Code

33606

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/7/01

(813) 258-4513

Date

Daytime Phone #

FILED  
01 AUG 16 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)