

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90133 050 ***158.75

DOCUMENT # L78458

1. Entity Name
EQUITYMAX, INC.

Principal Place of Business
6218 NORTH FEDERAL HIGHWAY
FT LAUDERDALE FL 33308
US

Mailing Address
6218 NORTH FEDERAL HIGHWAY
FT LAUDERDALE FL 33308-1904
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 65-0201850

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POPLACK, ARIEL ESQ
930 S. STATE ROAD 7
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name Steven A. Fein, P.A.
Street Address LAW OFFICES OF STEVEN FEIN
900 SW 40 AVE.
PLANTATION, FL 33317
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 *Steven Fein*
Signature, type and typed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/5/00

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

TITLE	PD	☐ Delete
NAME	EMMER, BRADFORD N.	
STREET ADDRESS	20 BAY COLONY LANE	
CITY-ST-ZIP	FT LAUDERDALE FL 33308-2004	
TITLE	VTS	☐ Delete
NAME	EMMER, BRADFORD N.	
STREET ADDRESS	20 BAY COLONY LANE	
CITY-ST-ZIP	FT LAUDERDALE FL 33308-2004	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 reports 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: *Signature Required*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00 954-267-9103
Date Daytime Phone #