## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Jan 12, 2001 8:00 am Secretary of State DOCUMENT # 178458 .... 1. Entity Name EQUITYMAX, INC. 01-12-2001 90018 041 \*\*\*158.75 Principal Place of Business Mailing Address 6218 NORTH FEDERAL HIGHWAY 6218 NORTH FEDERAL HIGHWAY FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 U0003110 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0201850 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEVEN A. FEIN, P.A. Street Address (P.O. Box Number is Not Acceptable) 900 S.W. 40 AVE. **PLANTATION FL 33317** Zip Code City FI 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Change ☐ Addition TITLE Delete TITLE EMMER, BRADFORD N. NAME NAME STREET ADDRESS 20 BAY COLONY LANE STREET ADDRESS FT LAUDERDALE FL 33308-2004 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE EMMER, BRADFORD N, NAME NAME 20 BAY COLONY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33308-2004 CITY-ST-ZIP Change ☐ Addition Delete \_\_\_\_ TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 enjoyates to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

BRADFORD N. EMMER, PRESIDENT 1/6/01
BIGNING OFFICER OR DIRECTOR

of the corporation or the rechanged, or on an attachme

SIGNATURE: