

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M03618

1. Entity Name
EQUITRUST, INC.

FILED
Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90165 034 ***150.00

Principal Place of Business
**3127 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES FL 33134-6816
US**

Mailing Address
**3127 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES FL 33134-6816
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
951 NE 167 Street
Suite, Apt. #, etc.
204

3. Mailing Address
951 NE 167 Street
Suite, Apt. #, etc.
204

City & State
North Miami Beach FL

City & State
North Miami Beach FL

Zip
33162

Country

Zip
33162

Country

4. FEI Number **59-2469827**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**GOODMAN, RICHARD I.
1900 SUNSET HARBOUR DRIVE
APT. 1108
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent
Name **STEVEN**
Malcolm Meister
Street Address (P.O. Box Number is Not Acceptable)
951 NE 167th Street, #204
City **North Miami Beach** **FL** Zip Code **33162**

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 **4/11/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MEISTER, MALCOLM 3000 ISLAND BLVD. APT. #2704 WILLIAMS ISLAND FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOODMAN, RICHARD I. 1900 SUNSET HARBOUR DRIVE, #1108 MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **4/15/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)