

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90215 008 ***150.00

DOCUMENT # M03618

1. Entity Name
EQUITRUST, INC.

Principal Place of Business
951 NE 167 STREET
SUITE 204
NORTH MIAMIN BEACH FL 33162
US

Mailing Address
951 NE 167 STREET
SUITE 204
NORTH MIAMIN BEACH FL 33162
US

2. Principal Place of Business
801 NE 167TH STREET
 Suite, Apt. #, etc.
SECOND FLOOR

3. Mailing Address
801 NE 167TH STREET
 Suite, Apt. #, etc.
SECOND FLOOR

City & State
N. MIAMI BCH, FL
 Zip
33162
 Country
US

City & State
N. MIAMI BCH, FL
 Zip
33162
 Country
US

4. FEI Number
59-2469827

Applied For
 Not Applicable

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

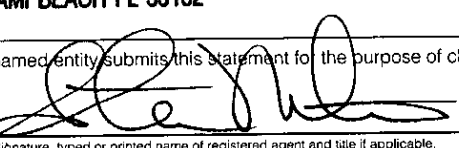
6. Name and Address of Current Registered Agent

MEISTER, STEVEN
951 NE 167TH STREET
SUITE 204
NORTH MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name
STEVEN MEISTER
 Street Address (P.O. Box Number is Not Acceptable)
801 NE 167TH STREET
SECOND FLOOR
 City
N. MIAMI BCH **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:  **STEVEN MEISTER**

4-15-02
 DATE

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, 2002 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 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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

 **SIGNATURE REQUIRED Pres.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MALCOLM MEISTER

Date

Daytime Phone #

4/15/02 **305-653-2100**

CR2E034 (9/01)