

07103 PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 FEB 20 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M16840

1. Entity Name

Equity THREE ENTERPRISES, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9737 SW 98 St

3. Mailing Address

P.O. Box 160937

Suite, Apt. #, etc.

MIAMI, Florida

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FLA

Zip

Country

33176

US

Zip

Country

33116-0937

US

4. FEI Number

59-2550040

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Denner Scott

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

9737 SW 98 Street

City

MIAMI

FL

Zip Code

33176

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Denner, Scott, President 9737 SW 98 St MIAMI, FL 33176
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-03 305-595-7278

Date

Daytime Phone *

CR2E034B (12/02)

RISES, INC.

January 23, 2003

**P.O. Box 160937
Miami, Florida 33116
Phone: (305) 595-7278
Fax: (305) 274-9400**

Florida Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32314

RE: REINSTATEMENT - EQUITY III ENTERPRISES
FEI #59-2550040

In reference to the above corporation we would like to reinstate our company. We failed to receive the notification to renew our company. I have enclosed the \$150.00 fee along with the completed reinstatement form.

Please call me at 305-595-7278 and let me know if we must pay the penalty also. We are a small company, struggling with the times and need all the help we could get. We would appreciate anything you could do to help us.

Sincerely,



Scott Demmer
Equity III Enterprises, Inc.