

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90022 045 ***158.75

DOCUMENT # M60239

1. Entity Name
FMS EQUITY CORP.

Principal Place of Business
20660 W. DIXIE HIGHWAY
N. MIAMI BEACH FL 33180

Mailing Address
301 YAMATO RD
2100
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0011428**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELIGSOHN, MICHAEL
79 NW 108 TERR.
PLANTATION FL 33324

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **DP KLOTZ, JAMES A.**
 STREET ADDRESS **16220 WEST PRESTWICK PL**
 CITY-ST-ZIP **MIAMI LAKES FL**

TITLE Change Addition
 NAME **DP KLOTZ, JAMES A.**
 STREET ADDRESS **3425 SADDLE BROOKE LANE**
 CITY-ST-ZIP **WESTON, FL 33331**

TITLE Delete
 NAME **D FEINSILVER, PAUL**
 STREET ADDRESS **20660 W DIXIE HWY**
 CITY-ST-ZIP **NORTH MIAMI BCH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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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 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** _____ Date **2-28-02** Daytime Phone # **305-937-0660**

CR2E034 (9/01)