

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005197

1. Entity Name

EQUIPATH INTERNATIONAL, INC.

Principal Place of Business

1625 N.E. 20TH AVE.
FT. LAUDERDALE FL 33305

Mailing Address

1625 N.E. 20TH AVE.
FT. LAUDERDALE FL 33305-2510

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HRON, LINDA
1625 N.E. 20TH AVE.
FT. LAUDERDALE FL 33305

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

B. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT D.	<input type="checkbox"/> Delete
NAME	LINDA HRON	
STREET ADDRESS	1625 NE 20 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE, Fla. 33305	
TITLE	VICE PRESIDENT D.	<input type="checkbox"/> Delete
NAME	SONORA LOGGINS	
STREET ADDRESS	12485 N. Pima DR.	
CITY-ST-ZIP	TUCSON, ARIZONA 85742	
TITLE	SECRETARY D.	<input type="checkbox"/> Delete
NAME	VERNEIL HAN	
STREET ADDRESS	720 E. Atlantic Blvd.	
CITY-ST-ZIP	Dunwoody Bldg. FL 33308	
TITLE	Director D.	<input type="checkbox"/> Delete
NAME	PAIGE ODON	
STREET ADDRESS	800 SE 4th ST. #103	
CITY-ST-ZIP	FT. Land. Fla. 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00

954-568-4746

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-24-2000 90050 008 ****61.25

DO NOT WRITE IN THIS SPACE