

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90930 007 ***150.00

DOCUMENT # P00000021486

1. Entity Name
EQUIMEC USA, INC.



Principal Place of Business
5220 N.W. 72ND AVE.. BAY 13
MIAMI FL 33166

Mailing Address
5220 N.W. 72ND AVE.. BAY 13
MIAMI FL 33166

2. Principal Place of Business
5220 N.W. 72 AVENUE

3. Mailing Address
5220 N.W. 72 AVENUE

Suite, Apt. #, etc.
BAY # 4

Suite, Apt. #, etc.
BAY # 4

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1017001**

Applied For
Not Applicable

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

☐ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

LAW FIRM OF MANFRED RESENOW, P.A.
2425 CORAL WAY
MIAMI FL 33145

7. Name and Address of New Registered Agent

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. 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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **SALGUERO, JUAN PABLO**
STREET ADDRESS **5220 N.W. 72ND AVE., BAY 13**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE **SD** ☐ **Delete**
NAME **MUJUMECI, ANTHONY**
STREET ADDRESS **5220 NW 72 AVENUE BAY 413**
CITY-ST-ZIP **MIAMI FL 33166**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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TITLE ☐ **Change** ☐ **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 607, 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 REQUIRED

ANTHONY MUJUMECI

4/11/03

305 593 0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)