

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90199 040 ***150.00

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DOCUMENT # P00000027481

1. Entity Name
EQUALITY DEVELOPMENT, INC.



Principal Place of Business
901 SW 71 AVE.#D
MIAMI FL 33144

Mailing Address
327 SW 77 AVE
MIAMI FL 33144



2. Principal Place of Business

452 S.W. 10 St

3. Mailing Address

452 S.W. 10 St

Suite, Apt. #, etc.

#15

Suite, Apt. #, etc.

#15

City & State

Miami FL

City & State

Miami FL

Zip

33130

Country

USA

Zip

33130

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0991251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEIVA, ABRAHAM
327 S.W 77 AVE
MIAMI FL 33144

7. Name and Address of New Registered Agent

Name Elizabeth Olivera
Street Address (P.O. Box Number is Not Acceptable)
7245 NW 3 St
City Miami FL Zip 33126

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

4/17/03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME LEIVA, SUSAN ☐ Delete
STREET ADDRESS 3620 SW 126 AVE
CITY-ST-ZIP MIAMI FL 33175

TITLE PSTD ☒ Change ☐ Addition
NAME Leiva Susan
STREET ADDRESS 452 S.W. 10 St
CITY-ST-ZIP Miami FL 33130

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Susan Leiva REQUIRED Susan Leiva (305) 264-1811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)