

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90004 024 ***150.00

DOCUMENT # P00000029444

1. Entity Name
EQ WORLDWIDE, INC.

Principal Place of Business

**1351 NW 78TH AVE.
 MIAMI 23 33126**

Mailing Address

**1351 NW 78TH AVE.
 MIAMI 23 33126**

00039277



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3785 NW 82 AVE

3. Mailing Address

3785 NW 82 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104

Suite 104

City & State

City & State

Miami, FL.

Miami, FL.

4. FEI Number

65-0994161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AYLSWORTH, WILLIAM E ESQ
 3001 PONCE DE LEON BLVD SUITE 214
 CORAL GABLES FL 33134-6824**

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.

SIGNATURE

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

(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. ☐

**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

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **MACIAS, CHRISTOPHER**
 CITY-ST-ZIP **1351 NW 78TH AV**
MIAMI FL 33128

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)