

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000041865

1. Entity Name
EQUINOX ARGENTINA, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90008 040 ***150.00

Principal Place of Business

Mailing Address

14135 S.W. 149 COURT
MIAMI FL 33196

14135 S.W. 149 COURT
MIAMI FL 33196

2. Principal Place of Business

3. Mailing Address

3621 Collins Ave

3621 Collins Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#321 APT

#321 APT

City & State

MIAMI BEACH, FLORIDA

City & State

MIAMI BEACH, FLORIDA

4. FEI Number

65-1002350

Applied For

Not Applicable

Zip

Country

33140

U.S.A.

Zip

Country

33140

U.S.A.

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

RENE ARTURO GAJARDO DE POOL
14135 S.W. 149 COURT
MIAMI FL 33196

Name

POPOWSKI, DIEGO M.

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

3621 Collins Ave, APT #321

City

MIAMI, BEACH,

FL

Zip Code

33140

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

04/09/01

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, 2001 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 PD ☐ Delete
NAME POPOWSKI, DIEGO M
STREET ADDRESS 14135 S.W. 149 COURT
CITY-ST-ZIP MIAMI FL 33196

TITLE PD ☒ Change ☐ Addition
NAME POPOWSKI, DIEGO M.
STREET ADDRESS 3621 Collins Ave., APT #321
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE VD ☐ Delete
NAME ANDREA MARIA ROSANA SANCHEZ
STREET ADDRESS 14135 S.W. 149 COURT
CITY-ST-ZIP MIAMI FL 33196

TITLE VD ☒ Change ☐ Addition
NAME ANDREA M.R. SANCHEZ
STREET ADDRESS 3621 Collins Ave., APT #321
CITY-ST-ZIP MIAMI BEACH, FL 33140

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
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/09/01 (786) 5433335

CR2E034 (10/00)