

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2001 8:00 am
Secretary of State

05-22-2001 90643 035 ***150.00

DOCUMENT # P000000 69106 ✓
1. Entity Name
EQUIPMENT AUTOMATION SPECIALISTS, INC.

Principal Place of Business
1228 WEST AVE
SUITE 1410
MIAMI BEACH, FL 33139

Mailing Address
1228 WEST AVENUE
SUITE 1410
MIAMI BEACH, FL 33139

2. Principal Place of Business
10811 NE 10th AVE
Suite, Apt. #, etc.

3. Mailing Address
1602 AERON Rd
Suite, Apt. #, etc.
SUITE 561

City & State
BISCAYNE PARK, FL

City & State
MIAMI BEACH, FL

Zip
33161

Country
US

Zip
33139

Country
US

4. FEI Number
65-1036570

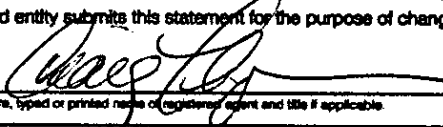
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
THOMPSON, CRAIG
1228 WEST AVE #1410
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
Name: CRAIG THOMPSON
Street Address (P.O. Box Number is Not Acceptable)
10811 NE 10th AVE
City: BISCAYNE PARK FL Zip Code: 33161

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  DATE May 1, 2001

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 15, 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	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	THOMPSON, CRAIG		NAME	THOMPSON, CRAIG	
STREET ADDRESS	1228 WEST AVE #1410		STREET ADDRESS	10811 NE 10th AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	BISCAYNE PARK, FL 33161	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  DATE May 1, 2001 305-895-9168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)