Apr 30 02 12:09p

**FILED**
**Jul 09, 2002 8:00 am**
**Secretary of State**
07-09-2002 90375 008 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094905

1. Entity Name: Acceequip Corporation

**DO NOT WRITE IN THIS SPACE**

B0127743

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 11446 NW 41st, Suite, Apt. #, etc., City & State: Coral Springs, FL, Zip: 33065, Country:

3. Mailing Address: 8323 NW 12th STREET, Suite, Apt. # or P.O. Box: # 204, City & State: MIAMI, FL 33126, Zip: 33126, Country: USA

4. FEI Number: 651044179 ☐ Applied For ☐ Not Applicable

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

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6. Name and Address of Current Registered Agent
Name: RAFAEL GOMEZ
Street Address (P.O. Box Number is Not Acceptable): 8323 NW 12th STREET # 204
City: MIAMI, FL FL Zip Code: 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.
SIGNATURE: [signature] 4-30-02
Signature, typed or printed name of registered agent and title if applicable. (REQUIRED: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
January 1 - May 1: Fee is $150.00
After May 1: Fee is $500.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. X $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DP |
| NAME | Rafael Gomez |
| STREET ADDRESS | 11446 NW 41st |
| CITY-ST-ZIP | Coral Springs, FL 33065 |
| TITLE | DST |
| NAME | Enrique Suarez |
| STREET ADDRESS | 11446 NW 41st |
| CITY-ST-ZIP | Coral Springs, FL 33065 |

**DO NOT WRITE IN THIS SPACE**

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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-30-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034B (12/01)