**FILED** 

04/24/01 (305) 436-5657

## **2001 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE:** 

DOCUMENT # P00000112343				Jul 31, 2001 8:00 am Secretary of State			
EQUIME	D INTERNATIONAL, INC.	-	(UN)	07-31-2001	90232 011 ***150.00	0	
Principal Plac	ce of Business	Mailing Address		4			
		8225 LAKE DR. C-403 MIAMI FL 33166		កគុណស។ ។ ។ ។			
3. Principal Place of Business F669 NW 50th Smeet 7669 NW 50th			th Street		OURIL BOUND HINDA HAND HINDA HEHM D	IE88 HII IE81	
Suite, Apt.		Suite, Apt. #, etc		DO NOT W	RITE IN THIS SPACE		
. A. V		City & State , Miami F(	- · · · · · · · · · · · · · · · · · · ·			plied For t Applicable	
33166	Country	Zip 33166	Country	5. Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current Re			7. Name and Address of New	<del></del>	• • •	
: PERI MAN	I JONATHAN F		Name				
PERLMAN, JONATHAN E BANK OF AMERICA TOWER, 36TH FLOOR			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
100 SE 2ND ST							
MIAMI FL 33131			City	FL Zip Code			
8. The above	e named entity submits this statement for the	ne purpose of changing its reg	gistered office or registe	ered agent, or both, in the State of	Florida.		
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Re	gistered Agent signature require	od when reinstating)	, DATE		
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! F  After September 12, 20  Make Check Payable to				Fee will be \$750.00 Trust Fund Contribution Added to Fees			
11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, RODOLFO 8225 LAKE DR, C-403 MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition (	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		∷ ☐ Change	Addition	
13. I hereby of indicated of the core	I certify that the information supplied with th on this report or supplemental report is tr poration or the receiver or trustee empow , or on an attachment with an address, witl	ue and accurate and that my sered to execute this report as a	e exemption stated in Signature shall have the	same legal effect as if made under	r oath: that I am an officer o	or director	



A Hach ment

07/20/01

TO:

DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS

P.O.BOX 1500

**TALLAHASSEE, FL.32302-1500** 

Dear Sirs. -

I registered my company on December 7, 2000, but we didn't do any transaction until February 14, 2001. Last week we got a notification from you that we have to pay \$ 550.00 for the annual report.

We ask you please to consider waiving that amount, since we just started our business on February 2001 and we didn't receive any other notification.

We are sending a check for \$150.00 that we were supposed to pay before June 8, 2001 and a copy of our certificate.

Please confirm if you agree. thank you.

Rodolfo Gutierrèz

President

Alfachment



Bepartment of State

I certify from the records of this office that EQUIMED INTERNATIONAL, INC. is a corporation organized under the laws of the State of Florida, filed on December 7, 2000.

The document number of this corporation is P00000112343.

I further certify that said corporation has paid all fees due this office through December 31, 2000, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Seventh day of December, 2000

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Ratherine Harris Secretary of State