

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90038 008 ***150.00

DOCUMENT # P01000005020

1. Entity Name
EQUINOX SERVICES INC.

Principal Place of Business

7650 NW 73RD TERR.
TAMARAC FL 33321

Mailing Address

7650 NW 73RD TERR.
TAMARAC FL 33321

B0091342



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

833 Riverside Drive

3. Mailing Address

Same.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 821

City & State

Coral Springs FL

City & State

Zip

Country

33071

U.S.A.

Zip

Country

4. FEI Number

65-1080470

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARDIAL, DENNIS
3678 NW 83RD LANE
SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name Luis A. Escobar

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

6209 West Commercial Blvd

Suite Seven

City

Tamarae

FL

Zip Code

33319

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 of Registered Agent)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/02

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, 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 PD
NAME KHAN, EMILLE J
STREET ADDRESS 7650 NW 73RD TERR.
CITY-ST-ZIP TAMARAC FL 33321

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.D.
NAME EMILLE J. KHAN
STREET ADDRESS 833 RIVERSIDE DR. SUITE 821
CITY-ST-ZIP CORAL SPRINGS, FL, 33071

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 of Emille J. Khan)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19TH APRIL, 2002 954-255-0504

Date

Daytime Phone #

CR2E034 (9/01)