

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91165 033 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PO10000012361 ✓
1. Entity Name
EQUIDOT, INC.

DO NOT WRITE IN THIS SPACE

• 80061968

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
296 N. UNIVERSITY Dr.
Suite, Apt. #, etc.
SUITE I
City & State
PEMBROKE PINES - FL
Zip
33024 Country
USA

3. Mailing Address
296 N. UNIVERSITY Dr.
Suite, Apt. #, etc.
SUITE I
City & State
PEMBROKE PINES - FL
Zip
33024 Country
USA

4. FEI Number 65-1074991
Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MARIA ANTONIETA DIAZ
Street Address (P.O. Box Number is Not Acceptable)
1290 WESTON ROAD
SUITE # 210
City WESTON FL Zip Code 33326

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 Maria Antonietta Diaz MARIA DIAZ 03/26/02
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) 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 \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>SARMIENTO PEREZ, ROBERTO DEL C</u> <u>500 NW 141 ST APT 111</u> <u>PEMBROKE PINES FL 33028</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>PARRAGA, AGUSTIN JA</u> <u>500 NW 141 ST APT 111</u> <u>PEMBROKE PINES FL 33028</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>CARDENAS, FRANCIS A R</u> <u>500 NW 141 ST APT 111</u> <u>PEMBROKE PINES FL 33028</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>SARMIENTO, ESTER AS</u> <u>500 NW 141 ST APT 111</u> <u>PEMBROKE PINES FL 33028</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: Ester Sarmiento
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/02 954-657-8835
Date Daytime Phone

CR2E034B (12/01)