

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 30 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P02000103021</b>					
<b>1. Entity Name</b> INTERSTATE EQUIPMENT COMPANY OF FLORIDA, INC.					
<b>Principal Place of Business</b> 400 SW 107 AVE STE 408 MIAMI, FL 33174			<b>Mailing Address</b> 400 SW 107 AVE STE 408 MIAMI, FL 33174		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b> PO BOX 558543		
Suite, Apt. #, etc.			Suite, Apt. #, etc. MA FA 3325		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PEREZ, GUILLERMO 400 SW 107 AVE STE 408 MIAMI, FL 33174			Name: Esteban Ascencio Street Address (P.O. Box Number is Not Acceptable): 18955 SW 168 ST MIAMI, FL City: MIAMI, FL Zip Code:		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: <u>[Signature]</u> DATE: 2/11/03 <small>(NOTE: Registered Agent Signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					
<b>9. Election Campaign Financing</b>					
Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, GUILLERMO 400 SW 107 AVE STE 408 MIAMI, FL 33174	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Esteban Ascencio 18955 SW 168 ST MIAMI, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600019746456 05/22/03--01084--006 **585.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)