Alling Address  Walling Address  Size PALIETTO PARK D BOCA RATON F. 39438  2. Principosi Place of Business  Suite, Apr. et al.	DOCU  1. Entity Nam  EQUITAE		•-	· , ·	FILED Jan 12, 2001 8:00 am Secretary of State
SUND. Apt. #. etc.  City & State  SCHAPIRO, RICHARD 7233 PROMENADE DR BOCA RATON FL 33433  City  FL Zip Code  8. The above named only submits this statement for the purpose of changing its registered different properties of the purpose of changing its registered different properties of the purpose of changing its registered different properties of the purpose of changing its registered different properties of the purpose of changing its registered different properties of the purpose of changing its registered different properties of the purpose of changing its registered different properties of the purpose of changing its registered different properties of the purpose of changing its registered different properties of the purpose of changing its registered different properties of the purpose of changing its registered different properties of the purpose of changing its registered different properties of the purpose of changing its registered different properties of the purpose of the purpose of changing its registered different properties of the purpose of	375 W PALME	TTO PARK RD	1375 W PALMETTO PARK	RD	01-12-2001 90047 020 ***150.00
City & State    City & State   City & State   City & State   Current   City & State   City & City & State   City & State   City & State   City & State   City & City & State   City & City					
Schapping   Status Desired   Status De					
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  SCHAPIRO, RICHARD 7233 PROMENAGE DR BOCA RATON FL 33433  Signet Acceptable)  Signet Acceptable of Process (P.O. Box Number is Not Acceptable)  Signet Acceptable of Process (P.O. Box Number is Not Acceptable)  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  Bigulants goes or pretion remain implaned agent and tital appacable.  Prite Corporation is eligible to statisfy its intangible  7. The acceptable of Process and Diffice Total agencians.  Prite Now!!! FEE IS 3150.00  After MAY 1, 2001 Fee will be \$550.00  After MAY 1, 2001 Fee will be \$550.00  After MAY 1, 2001 Fee will be \$550.00  Trust Fund Contribution.  SCHAPIRO, FAY  Trust Fund Contribution.  SCHAPIRO,			<u> </u>	Country	Not Applicable
SCHAPRO, RICHARD 7233 FROMENADE DR BOCA RATON FL 33433    City   FL   Zip Code	·	6 Name and Address of Current R	egistered Agent		5. Certificate of Status Desired Fee Required
### City   FL   Zip Code    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 Fiorida.    SIGNATURE   Buriary Signature (agent and this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.    SIGNATURE   Buriary Signature (agent and this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.    SIGNATURE   Buriary Signature (agent and this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.    SIGNATURE   Buriary Signature (agent and this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.    SIGNATURE   Buriary Signature (agent agent and statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida.    SIGNATURE   Buriary Signature (agent agent and statement agent agent and statement agent agent and statement agent agent agent and statement agent			G. arera to Alabita	Name	
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   Signat	7233	PROMENADE DR		Street Addres	ess (P.O. Box Number is Not Acceptable)
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.    See criteria on back)	BOOM TIMION I E SOMO			City	FL Zip Code
TILE SCHAPIRO, FAY INTERFET ADDRESS CITY-ST-2P INTERFET AD	9. This corpo	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW	!!! FEE IS \$150.00 001 Fee will be \$550.0	.00 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
TITLE NAME SCHAPIRO, FAY STREET ADDRESS CITY-ST-ZIP TITLE NAME SCHAPIRO, RICHARD STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	<u> </u>	<u>'</u>		<u> </u>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
SCHAPIRO, RICHARD 7233 PROMENADE DR BOCA RATON FL  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS CITY-ST-	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAPIRO, FAY 7233 PROMENADE DR BOCA RATON FL	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	
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NAME STREET ADDRESS CITY-ST-ZIP  13. I hereby certify that the information supplied with this filling 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.	name Street address	·	☐ Delete	NAME Street address	☐ Change ☐ Addition
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SIGNATURE. VICTOR W. JOHN TO SOLUTION S	13. I hereby of indicated of the cor	on this report or supplemental report is troporation or the receiver or trustee empoy, or on an attachment with an address, with the control of the control	rue and accurate and that revered to execute this report ith all other like empowered	my signature shall have the as required by Chapter (	the same legal effect as it made under oath; that I am an officer or director or 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			INTED NAME OF SIGNING OFFICER	OR DIRECTOR	