

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000007485

1. Entity Name
EQUIPSA N.V.O.C.C. INC.

FILED
Feb 09, 2001 8:00 am
Secretary of State

02-09-2001 90165 001 ***300.00

Principal Place of Business

2105 NW 102 AVE
MIAMI FL 33172

Mailing Address

2105 NW 102 AVE
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0372125

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, NICELIO
2105 NW 102 AVE
MIAMI FL 33172

Name

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

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 Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required 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!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GELFAUD, AETHASE	
STREET ADDRESS	2105 NW 102ND AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	S	<input type="checkbox"/> Delete
NAME	SANCHEZ, NICELIO	
STREET ADDRESS	6625 W 4 AVE	
CITY-ST-ZIP	HIALEAH FL 33126	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOHORQUES, JOSE	
STREET ADDRESS	2105 NW 102ND AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FERNANDEZ, JOSE	
STREET ADDRESS	2105 NW 102ND AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	G	<input type="checkbox"/> Delete
NAME	ROMEAO, ORLANDO	
STREET ADDRESS	2105 NW 102ND AVE	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELFAND, ARTHUR	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHORQUES, JOSE	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R Romero, Orlando	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NICELIO SANCHEZ

Date

Daytime Phone #

1/30/01

CR2E034 (10/00)