

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000005687

1. Entity Name  
EQUITY BROKERS INTERNATIONAL, INC.Principal Place of Business  
2721 SW 27TH AVE  
MIAMI FL 33133  
USMailing Address  
1230 NW 7TH STREET  
MIAMI FL 331332. Principal Place of Business  
1230 NW 7th STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

City &amp; State

Zip  
33125Country  
USA

Zip

Country

4. FEI Number  
65-0383182Applied For  
Not Applicable5. Certificate of Status Desired  
 \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

SMITH, GARY V  
1230 NW 7TH STREET  
MIAMI FL 33125

## 7. Name and Address of New Registered Agent

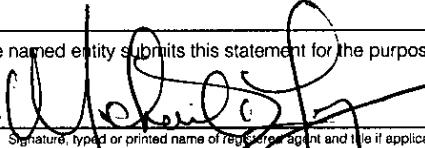
Name  
MICHAEL D. LYONS

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

1230 NW 7th ST.

City  
MIAMIFL  
33125

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)

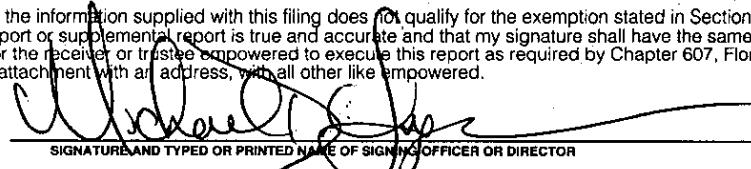
DATE  
4-16-019. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State10. Election Campaign Financing  
Trust Fund Contribution. \$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP LYONS, MICHAEL D 2721 SW 27 AVE MIAMI FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1230 NW 7th ST MIAMI, FL 33125	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-01

305-324-1100

Date

Daytime Phone #

CR2E034 (10/00)

4-16-01