## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P93000042794 Apr 14, 2000 8:00 am Secretary of State 1. Entity Name EQUIPTECH LEASING, INC. 04-14-2000 90083 009 \*\*\*150.00 Mailing Address Principal Place of Business 417 E. SHERIDAN ST. 417 E. SHERIDAN ST. SUITE 260 SUITE 260 DANIA FL 33004 DANIA FL 33004-4603 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite Apt #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0420077 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EHRLICH, EDWINA Street Address (P.O. Box Number is Not Acceptable) 3725 S OCEAN DR HOLLYWOOD FL 33019 Zip Code City 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** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE EHRLICH, LEWIS NAME NAME STREET ADDRESS 3725 S OCEAN DR #1119 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE - <del>--</del>- , NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS 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 trustge 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 an other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

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Daytime Phone #