

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057252 (7)

1. Entity Name
EQUVEST PROPERTIES, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90016 035 ***150.00

Principal Place of Business Mailing Address
1499 W. PALMETTO PARK RD. 1499 W. PALMETTO PARK RD.
SUITE 400 SUITE 400
BOCA RATON, FL 33486 BOCA RATON, FL 33486

C0647816

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 65-0431026 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, LELAND
1499 W. PALMETTO PARK RD.
SUITE 400
BOCA RATON, FL. 33486

Name ROBERT LISTOKIN
Street Address (P.O. Box Number is Not Acceptable)
1499 W. PALMETTO PARK RD.
SUITE 400
City BOCA RATON FL Zip Code 33486

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 *Robert Listokin* ROBERT LISTOKIN, PRESIDENT 3/24/00
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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	MORRIS, LELAND	1499 W. PALMETTO PARK RD, STE 400	BOCA RATON, FL. 33486	<input checked="" type="checkbox"/>
	DPST			<input type="checkbox"/>
	LISTOKIN, ROBERT	1499 W. PALMETTO PARK RD., STE 400	BOCA RATON, FL. 33486	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Robert Listokin* ROBERT LISTOKIN, 3/24/00 561-347-8889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)