

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000057252

1. Entity Name:

EQUIVEST PROPERTIES, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90085 050 ***150.00

Principal Place of Business

1499 W. PALMETTO PARK ROAD
SUITE 400
BOCA RATON FL 33486

Mailing Address

1499 W. PALMETTO PARK ROAD
SUITE 400
BOCA RATON FL 33486

2. Principal Place of Business

1499 W. PALMETTO PARK RD

Suite, Apt., etc. ~~BOCA RATON, FL~~ STE 104

City & State ~~BOCA RATON, FL~~

Zip ~~33486~~

Country ~~USA~~

3. Mailing Address

1499 W. PALMETTO PARK RD

Suite, Apt., etc. SUITE 104

City & State BOCA RATON, FL

Zip 33486

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0431026

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LISTOKIN, ROBERT
1499 W. PALMETTO PARK ROAD
SUITE 400
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name ROBERT LISTOKIN

Street Address (P.O. Box Number is Not Acceptable) 1499 W. PALMETTO PARK RD

SUITE # 104

City BOCA RATON

FL

Zip Code 33067

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 4/27/01

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

TITLE DVT
NAME LISTOKIN, ROBERT R ☐ Delete
STREET ADDRESS 1499 W. PALMETTO PARK RD. STE. 400
CITY-ST-ZIP BOCA RATON FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME ROBERT LISTOKIN ☒ Change ☐ Addition
STREET ADDRESS 1499 W. PALMETTO PARK RD. SUITE 104
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Robert Listokin*: ROBERT LISTOKIN 4/27/01 561-347-8889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0329215

CR2E034 (10/00)