

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90322 005 ***150.00

DOCUMENT # P94000089069

1. Entity Name

FLORIDA EQUIPMENT EXPORT CORPORATION

Principal Place of Business

12864 BISCAYNE BLVD
#101
N. MIAMI FL 33181
US

Mailing Address

12864 BISCAYNE BLVD
#101
N. MIAMI FL 33181
US

039146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2316 BAY DR. #12
Suite, Apt. #, etc.

3. Mailing Address

12864 BISCAYNE BLVD.
#101
Suite, Apt. #, etc.

City & State

MIAMI BEACH FL.

City & State

MIAMI BEACH FL.

4. FEI Number

65-0538223

Applied For

Not Applicable

Zip

33141

Country

USA

Zip

33181

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORKILL, CLIFF A
23 NW 8TH AVE
HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name
IVAN ARTEAGA

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

2316 BAY DRIVE APT #12

City

MIAMI BEACH

FL

Zip Code

33141

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

(ARTEAGA)

3-17-01

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 ☐ Delete

NAME
WICKMAN, MARK A
STREET ADDRESS
23 WINDSWEPTOR DR
CITY-ST-ZIP
ARNOLD MO

TITLE ☐ Delete

NAME
IVAN ARTEAGA
STREET ADDRESS
12864 BISCAYNE BLVD #101
CITY-ST-ZIP
N. MIAMI FL 33181

TITLE ☐ Delete

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME ☐ Change ☐ Addition

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME ☐ Change ☐ Addition

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:

IVAN ARTEAGA

3-17-01 305 742 4338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)