

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-30-2001 90317 048 ***150.00

DOCUMENT # P95000073921

1. Entity Name

ESCOBAR EQUIPMENT CORP.

Principal Place of Business

12350 SW 132ND COURT
 SUITE 209
 MIAMI FL 33186

Mailing Address

12350 SW 132ND COURT
 SUITE 209
 MIAMI FL 33186

2. Principal Place of Business

12350 SW 132ND COURT

3. Mailing Address

Suite, Apt. #, etc.

211

City & State

MIAMI, FL

Zip

33186

Country

MIAMI DADR

Country

4. FEI Number **65-0608963**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESCOBAR, BALBINO E
12350 SW 132ND COURT
SUITE 209
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 **P** ☐ Delete
 NAME **ESCOBAR, BALBINO E**
 STREET ADDRESS **12350 SW 132ND COURT, SUITE 209**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **S** ☐ Delete
 NAME **ESCOBAR, GREGORIA R**
 STREET ADDRESS **12350 SW 132ND COURT, SUITE 209**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **V** ☐ Delete
 NAME **ESCOBAR, EDGARDO A**
 STREET ADDRESS **12350 SW 132ND COURT, SUITE 209**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE **VICE PRESIDENT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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: **x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

3/14/01

Date

Daytime Phone #

CR2E034 (10/00)