

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016211

1. Entity Name
EQUITY ASSET MANAGEMENT CORPORATION

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90044 017 ***150.00

Principal Place of Business
6917 COLLINS AVE
SUITE 1611
MIAMI BEACH FL 33141
US

Mailing Address
P O BOX 415608
MIAMI BEACH FL 33141

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip

City & State
Zip

Country

Country

4. FEI Number 65-0642121
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
NESTOR, BRENDA
6917 COLLINS AVE
MIAMI BEACH FL 33141

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	SVPD	<input type="checkbox"/> Delete
NAME	COLVIN, MELVIN R	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	POSNER, VICTOR	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	NESTOR, BRENDA	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	SVPD	<input type="checkbox"/> Delete
NAME	FIELD, LISA M	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WEYCHERT, DAVID	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	CTS	<input type="checkbox"/> Delete
NAME	LAUNER, BLANCHE	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pres/CEO/director/Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EVP/Secy/Asst Treas/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	/ Vice Chairman	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/Asst Secy/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Controller/Treasurer/Asst. Secy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: Blanche Launer 04/26/01 (305) 866-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Blanche Launer

CR2E034 (10/00)