

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90386 022 \*\*\*150.00

**DOCUMENT # P96000016211**

**1. Entity Name**  
**EQUITY ASSET MANAGEMENT CORPORATION**

**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**  
1250 E. Hallandale Beach Blvd.

**3. Mailing Address**  
1250 E. Hallandale Beach Blvd.

Suite, Apt. #, etc.  
**Suite 300**

Suite, Apt. #, etc.  
**Suite 300**

City & State  
**Hallandale Florida**

City & State  
**Hallandale Florida**

Zip  
33009

Country  
US

Zip  
33009

Country  
US

**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  
**Brenda Nestor**

Street Address (P.O. Box Number is Not Acceptable)  
**1250 E. Hallandale Beach Blvd.**

**Suite 300**

City  
**Hallandale** **FL** Zip Code  
**33009**

**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** *Brenda Nestor*  
**Brenda Nestor, President**

(NOTE: Registered Agent signature required when reinstating)

**4/5/02** 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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPD</b> <b>COLVIN, MELVIN R</b> <b>6917 COLLINS AVE</b> <b>MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPD</b> <b>POSNER, VICTOR</b> <b>6917 COLLINS AVE</b> <b>MIAMI BEACH FL 33141</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SATD</b> <b>NESTOR, BRENDA</b> <b>6917 COLLINS AVE</b> <b>MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD</b> <b>FIELD, LISA M</b> <b>6917 COLLINS AVE</b> <b>MIAMI BEACH FL 33141</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CTAS</b> <b>LAUNER, BLANCHE</b> <b>6917 COLLINS AVE</b> <b>MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice-Chairman/ExVP/AT/AS/Dir.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1250 E. Hallandale Beach Blvd. Suite 300</b> <b>Hallandale, Florida 33009</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairman/Pres/CEO/AT/AS/Dir.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1250 E. Hallandale Beach Blvd. Suite 300</b> <b>Hallandale, Florida 33009</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO/AT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>McGann, Edward T.</b> <b>1250 E. Hallandale Beach Blvd. Suite 300</b> <b>Hallandale, Florida 33009</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1250 E. Hallandale Beach Blvd. Suite 300</b> <b>Hallandale, Florida 33009</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 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:** *Brenda Nestor*  
**Brenda Nestor, President**

**4/5/02** Date

**954-458-4343** Daytime Phone #

CR2E034 (9/01)