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## 2002 Uniform Business Report (UBR)

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**SIGNATURE** 

## Apr 09, 2002 8:00 am Secretary of State DOCUMENT # P96000020930 1. Entity Name 04-09-2002 90060 006 \*\*\*150 00 FLORIDA EQUITY REALTY, INC. Principal Place of Business Mailing Address 1961 BRANDYWINE ROAD PO BOX 221064 **APT 105** WEST PALM BEACH FL 33422-1064 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0718079 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LABONTE-KANKOWSKI GLORIA Street Address (P.O. Box Number is Not Acceptable) 1961 BRANDYWINE ROAD **APT 105 WEST PALM BEACH FL 33403** Zip Code FL 8. The above natiged 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE TITLE ☐ Addition Delete LABOATE-KANKOWSKI, GWEIA LABONTE-KANKOWSKI, GLORIA NAME NAME 1961 Brandywine Road #105 STREET ADDRESS 7601 E. TREASURE DR., APT 1220 STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP CITY-ST-ZIP West Palm Beach, FL. 33409 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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