2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000038339

1. Entity Name

UPRIGHT EQUIPMENT MANAGEMENT CORP.

Principal Place of Business	Mailing Address
16590 LAKETREE DR FT. LAUDERDALE FL 33326 US	16590 LAKETREE DR FT LAUDERDALE FL 33326 US

EU1U5545

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 55 Weston Road
Suite, Apt. #, etc. 104
City & State Sunrise, FL
Zip 33326 Country

3. Mailing Address 55 Weston Road
Suite, Apt. #, etc. 104
City & State Sunrise FL
Zip 33326 Country

4. FEI Number 65-0662990 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PRIETO, EDWARD
16590 LAKETREE DR
FT. LAUDERDALE FL 33326

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 _____ PRESIDENT _____ 9-6-00

Signature and/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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME PRIETO, EDWARD STREET ADDRESS 16590 LAKETREE DR CITY-ST-ZIP FT LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/00)

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: _____ PRES. SIGNATURE REQUIRED _____ 9-6-00 (954) 389-9795

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #