2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

GNATURE AND TYPED OR PRINT

AME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **P96000073025** Feb 07, 2000 8:00 am 1. Entity Name **Secretary of State** THE EQUIS GROUP, INC. 02-07-2000 90051 018 ***158.75 Principal Place of Business Mailing Address 9420 SOUTHWEST 77TH AVENUE 9420 SOUTHWEST 77TH AVENUE MIAMI FL 33156-7988 MIAMI FL 33156-7903 2. Principal Place of Business 10800 BISLAYNE BLUD 3. Mailing Address BISCAYNE BWD UFUU Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SWITF 800 >uitt Applied For y & State City & State 4. FEi Number 65-0737967 MAMI Not Applicable 1 AM Country A Country \$8.75 Additional 5, Certificate of Status Desired 32161 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11: OFFICERS AND DIRECTORS 12. 1. TITLE ☐ Change Addition ☐ Delete TITLE CAUFF, STUART NAME NAME STREET ADDRESS STREET ADDRESS 9420 SOUTHWEST 77TH AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156-7903 ☐ Change Addition ☐ Delete TITLE MILSTEIN, BRIAN NAME NAME 9420 SOUTHWEST 77TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE MIAMI FL 33156-7903 ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Oefete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not cyalify 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 eath; that I am an officer or director of the corporation or the receiver as trustee empowered to execute the 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