2000 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2000 8:00 am DOCUMENT # P96000093867 **Secretary of State** 1. Entity Name ENGELBERG & CANTOR EQUIPMENT RENTALS, INC. 02-08-2000 90130 020 ***150 00 Principal Place of Business Mailing Address 3230 STIRLING ROAD 3230 STIRLING ROAD HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-2041 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 65-0712694 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 *JERALD C. CANTOR LEONE, FREDERICK JR., ESQ. Street Address (P.O. Box Number is Not Acceptable) 32 30 STIRLING ROAD ENGELBERG, CANTOR & LEONE, P.A. 3230 STIRLING ROAD HOLLYWOOD FL 33021 City Zin 33021 HOLLYWOOD, 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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete □ TITLE TITLE ☐ Change ENGELBERG, MORRIS E SQ. NAME NAME STREET ADDRESS STREET ADDRESS 3230 STIRLING ROAD CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 DVPS □ Change _ · · · · · ☐ Delete TITLE CANTOR, JERALD C NAME STREET ADDRESS 3230 STIRLING ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HOLLYWOOD FL 33021 — ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T * 1.00 ☐ Change TITLE Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ • • • • • TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: