2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000026784** Feb 26, 2000 8:00 am Secretary of State EQUITABLE FUNDING GROUP CORP 02-26-2000 90043 029 ***150.00 Principal Place of Business Mailing Address 5950 W OAKLAND PARK BLVD #200 5950 W OAKLAND PARK BLVD #200 **LAUDERHILL FL 33313-1245** LAUDERHILL FL 33313 C0025472 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0734902 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PEDROSA, RICARDO Street Address (P.O. Box Number is Not Acceptable) 1929 LANDING WAY FT_LAUDERDALE FL 33326 Zip Code arie 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** ☐ Addition TITLE Delete new owner PEDROSA, RICARDO NAME STREET ADDRESS 1929 LANDING WAY STREET ADDRESS CITY-ST-7IP FT LAUDERDALE FL 33326 PRESIDENT Change Addition Delete TITLE TITLE PIO, ROXANA PIO. ROXANA NAME NAME 6050 SN 55 PL STREET ADDRESS STREET ADDRESS 6050 SW 55TH PL CITY-ST-ZIE CITY-ST-ZIP DAVIE FL 33314 ☐ Addition Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS P. P.Z. H. T. e. J. July CITY-ST-ZIP CITY-ST-ZIP; ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE ŇAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information

3. I hereby certify that the information supplied with his 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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0/16/06

9545810400

Daytime Phone #