

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026784

1. Entity Name  
EQUITABLE FUNDING GROUP CORP

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90296 042 \*\*\*150.00

Principal Place of Business  
5950 W OAKLAND PARK BLVD #200  
LAUDERHILL FL 33313  
US

Mailing Address  
5950 W OAKLAND PARK BLVD #200  
LAUDERHILL FL 33313  
US

2. Principal Place of Business  
3325 S. UNIVERSITY DR

3. Mailing Address  
3325 S. UNIVERSITY DR

Suite, Apt. #, etc.  
101

Suite, Apt. #, etc.  
101

City & State  
DAVIE FL

City & State  
DAVIE FL

Zip  
33328

Country  
USA

Zip  
33328

Country  
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0734902

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEDROSA, RICARDO  
6050 SW 55 PL  
DAVIE FL 33314

Name  
Roxana Pio  
Street Address (P.O. Box Number is Not Acceptable)  
6050 SW 55 PL  
City  
DAVIE FL Zip Code  
33314

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 Signature, typed 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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
PIO, ROXANA  
6050 SW 55 PL  
DAVIE FL 33314 ☐ 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01  
Date

9545810400  
Daytime Phone #

CR2E034 (10/00)