

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90328 025 ***158.75

DOCUMENT # P97000100513

1. Entity Name
CARDINAL EQUIPMENT OF SOUTH FLORIDA, INC.

Principal Place of Business 1730 SOUTH FEDERAL HIGHWAY SUITE 284 DELRAY BEACH FL 33483	Mailing Address 1730 SOUTH FEDERAL HIGHWAY SUITE 284 DELRAY BEACH FL 33483
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2700 NW 33 ST.	3. Mailing Address
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Suite, Apt. #, etc. POMPAÑO BEACH FL	Suite, Apt. #, etc.
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City & State POMPAÑO BEACH FL	City & State
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4. FEI Number 65-0796443	Applied For <input type="checkbox"/> Not Applicable
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Zip 33069	Country USA	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIANCHINI, JASON
1730 S FEDERAL HWY
SUITE 284
DELRAY BEACH FL 33483

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	
TITLE PVST	<input type="checkbox"/> Delete
NAME BIANCHINI, JASON	
STREET ADDRESS 1730 SOUTH FEDERAL HIGHWAY	
CITY-ST-ZIP DELRAY BEACH FL 33483	
TITLE D	<input type="checkbox"/> Delete
NAME BIANCHINI, JASON	
STREET ADDRESS 1730 SOUTH FEDERAL HIGHWAY	
CITY-ST-ZIP DELRAY BEACH FL 33483	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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)(l), 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: *Jason Bianchini* **REQUIRED** 1/18/02 954 971-3870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)