

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90178 035 ***150.00

DOCUMENT # P98000001076

1. Entity Name

WESTERN EQUIPMENT INTERNATIONAL, INC.

Principal Place of Business

**4800 N. STATE ROAD 7 STE. J
SUITE 116
LAUDERDALE LAKES FL 33319**

Mailing Address

**4800 N. STATE ROAD 7 STE. J
SUITE 116
LAUDERDALE LAKES FL 33319**

2. Principal Place of Business

4503 NW 49th Drive

3. Mailing Address

4503 NW 49th Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tamarac FL

City & State

Tamarac FL

4. FEI Number

65-0807024

Applied For

Not Applicable

Zip

33319-5826

Country

USA

Zip

33319-5826

Country

USA

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

JOVANOVIC, DOUGLAS

888 S.E. 3RD AVE. STE. 400

FORT LAUDERDALE FL 33316

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GINGRAS, SUZANNE	
STREET ADDRESS	4909 N.W. 44TH TERRACE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CHARIE, ALBERT	
STREET ADDRESS	QUARTIER DU MOULIES, BP	
CITY-ST-ZIP	40161 PARENTIS EN BORN, FRAN	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CHARIE, GERMAINE	
STREET ADDRESS	QUARTIER DU MOULIES, BP 21	
CITY-ST-ZIP	40161 PARENTIS EN BORN, FRAN	
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		

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINGRAS, SUZANNE	
STREET ADDRESS	4503 NW 49th Drive	
CITY-ST-ZIP	TAMARAC FL 33319-5826	
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)(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

JAN 9/2002 954-780-3267

Date

Daytime Phone #

CR2E034 (9/01)