2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000002284 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name EQUINOX TECHNOLOGY ENTERPRISES, INC. 04-03-2000 90158 035 ***150.00 Principal Place of Business Mailing Address 12722 NW 16TH COURT 12722 NW 16TH COURT CORAL SPRINGS FL 33071-5405 CORAL SPRINGS FL 33071 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0811390 Not Applicable Country \$8.75 Additional Zip5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MIZUKI, HIDEKI Street Address (P.O. Box Number is Not Acceptable) 12722 NW 16TH COURT CORAL SPRINGS FL 33071 Zin Code City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (00/0/ D TITLE ☐ Change ☐ Addition ☐ Delete TITLE MIZUKI, MASSAE K NAME NAME STREET ADDRESS STREET ADDRESS 12722 NW 16TH COURT CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Change ☐ Addition De'ete TITLE TITLE NAME MIZUKL, HIDEKI STREET ADDRESS 12722 NW 16TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MIZUKI. ALEXANDRE K NAME NAME STREET ADDRESS STREET ADDRESS 12722 NW 16TH COURT CITY - ST - ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Davime Phone *