

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048743

1. Entity Name

EQUITY EXCHANGE INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90067 015 ***150.00

Principal Place of Business

3500 N STATE RD 7
 479
 LAUDERDALE LAKES FL 33028

Mailing Address

3500 N STATE RD 7
 479
 LAUDERDALE LAKES FL 33319-5627

2. Principal Place of Business

4337 Rock Island Rd.
 Suite, Apt. #, etc.

3. Mailing Address

4337 Rock Island Rd.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lauderhill FL

Zip
 33319

Country
 USA

City & State

Lauderhill FL

Zip
 33319

Country
 USA

4. FEI Number

65-0843324

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

KAISER, GERALD
 17042 NW 16TH STREET
 PEMBROKE PINES FL 33028

Name

GERALD KAISER

Street Address (P.O. Box Number is Not Acceptable)

3715 MYRONOS CT

City

BUCA RATON FL

FL

Zip Code

33487

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, 2000 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 PS
 NAME KAISER, GERALD
 STREET ADDRESS 17042 NW 16TH ST.
 CITY-ST-ZIP PEMBROKE PINES FL 33028 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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TITLE
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 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/99)