

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062425

1. Entity Name
INDEPENDENT EQUIPMENT AGENTS INC.

Principal Place of Business
6670 VILLA SONRISA DRIVE
SUITE 211
BOCA RATON FL 33433

Mailing Address
6670 VILLA SONRISA DRIVE
SUITE 211
BOCA RATON FL 33433

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

WEINBERG, JEROME
6670 VILLE SONRISA DR
SUITE 211
BOCA RATON FL 33433

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 _____
(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
NAME D BASSE, SHEILA ☐ Delete
STREET ADDRESS 6670 VILLA SONRISA DR STE 211
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME VM WEINBERG, JEROME ☐ Delete
STREET ADDRESS 6670 VILLA SONRISA DR STE 211
CITY-ST-ZIP BOCA RATON FL

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME P Basse, Sheila ☐ Change ☒ Addition
STREET ADDRESS 6670 Villa Sonrisa Dr Ste 211
CITY-ST-ZIP Boca Raton, FL

TITLE
NAME ST Weinberg, Jerome ☐ Change ☒ Addition
STREET ADDRESS 6670 Villa Sonrisa Dr. Ste 211
CITY-ST-ZIP Boca Raton, FL

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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: Jerome Weinberg 1/7/02 561-394-0950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 11, 2002 8:00 am
Secretary of State

01-11-2002 90005 042 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0850011

Applied For
Not Applicable

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

0377808 AV

CR2E034 (9/01)