

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # P98000095349****1. Entity Name**  
**THE EQUIPMENT EXCHANGE, INC.**

<b>Principal Place of Business</b> 4001 GRIFFIN RD #60  FT LAUDERDALE FL 33314	<b>Mailing Address</b> 4001 GRIFFIN RD #60  FT LAUDERDALE FL 33314
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<b>2. Principal Place of Business</b> 3462 SW 57TH PLACE  Suite, Apt. #, etc.	<b>3. Mailing Address</b> 3462 SW 57TH PLACE  Suite, Apt. #, etc.
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<b>City &amp; State</b> FT LAUDERDALE FL	<b>City &amp; State</b> FT. LAUDERDALE FL
<b>Zip</b> 33312	<b>Country</b> US

<b>4. FEI Number</b> <b>65-0885928</b>	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****FLORENTINO TOMAS E**  
**4001 GRIFFIN RD #60**  
  
**FT LAUDERDALE FL 33314****7. Name and Address of New Registered Agent**

<b>Name</b> <b>FLORENTINO THOMAS E P.</b>
<b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>3462 SW 57TH PLACE</b>
<b>City</b> <b>FT. LAUDERDALE FL</b>
<b>Zip Code</b> <b>33312</b>

**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 THOMAS E. FLORENTINO****04/30/2000**

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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>FLORENTINO THOMAS E P</b> <b>3462 SW 57TH PLACE</b> <b>FT. LAUDERDALE FL 33312</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>FLORENTINO THOMAS E P</b> <b>3462 SW 57TH PLACE</b> <b>FT. LAUDERDALE FL 33312</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>FLORENTINO TOMAS E</b> <b>3462 SW 57TH PLACE</b> <b>FT LAUDERDALE FL 33312</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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**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 THOMAS E FLORENTINO****04/30/2000**