

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095496

1. Entity Name

AMCAP EQUIPMENT CORPORATION

Principal Place of Business

1850 NW 7TH AVE
MIAMI FL 33132

Mailing Address

1717 N BAYSHORE DR #4247
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0870794

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

ZAPETIS, KAREN C
1717 N BAYSHORE DR
#4247
MIAMI FL 33132

Name

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

1717 N BAYSHORE DR #4247

State

FL

Zip Code

33132

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ZAPETIS, KAREN C
1717 N BAYSHORE DRIVE #3538
MIAMI FL 33132 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D S
ZAPETIS KAREN C
1717 N BAYSHORE DRIVE #4247
MIAMI FLA 33132 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RICHARDS, JOE
455 NE 39TH ST
MIAMI FL 33137 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
GIMBRONE, JOSEPH
4837 UTAH ST
SAN DIEGO CA 92101 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Gimbrone-JOSEPH
4044 UTAH STREET #16
SAN DIEGO CALIF 92104 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

6/30/2000

Date

3053819950

Daytime Phone #

CFR 1034.1000