

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90039 024 ***150.00

DOCUMENT # P99000014803

1. Entity Name

EQUITY PARTNERS SIX, INC.

DO NOT WRITE IN THIS SPACE

427477

2. Principal Place of Business

3696 N. Federal Hwy.,

Suite, Apt. #, etc.

Suite # 101

City & State

Ft. Lauderdale FL.

Zip
33308

Country
U.S.A.

3. Mailing Address

3696 N. Federal Hwy.

Suite, Apt. #, etc.

Suite # 101

City & State

Ft. Lauderdale FL.

Zip
33308

Country
U.S.A.

4. FEJ Number

65-0891163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Barney Danzansky

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

3696 N Federal Hwy. Suite # 101

City

Ft. Lauderdale

FL

Zip Code
33308

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
STREET ADDRESS
CITY - ST - ZIP
PSD
Barney Danzansky
3696 N. Federal Hwy Suite # 101
Ft. Lauderdale FL. 33308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
David Kahan
3696 N Federal Hwy. Suite # 101
Ft. Lauderdale FL. 33308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
Scott Leon
3696 N Federal Hwy. Suite # 101
Ft. Lauderdale FL. 33308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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)(f), 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 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 #

3/7/02