

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 MAY -8 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000056836

1. Entity Name
EQUON CORPORATION



Principal Place of Business
1818 SHERIDAN STREET
210
HOLLYWOOD, FL 33020

Mailing Address
1818 SHERIDAN STREET
210
HOLLYWOOD, FL 33020

2. Principal Place of Business

2221 NE 202 ST
Suite, Apt. #, etc.

3. Mailing Address

2221 NE 202 ST
Suite, Apt. #, etc.

900020054539

05/29/03--01002--012 ***150.00



CHECK HERE IF MAKING CHANGES

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0967389

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIRNHOLZ, JACK
2221 NORTHEAST 202ND STREET
MIAMI, FL 33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

JACK BIRNHOLZ

4-21-03

Signature of person printed name of registered agent and fee if applicable

NOTE: Registered Agent signature required when changing

DATE

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	☐ Delete
NAME	KORES, ALLAN L.	
STREET ADDRESS	2221 NORTHEAST 202ND STREET	
CITY-ST-ZIP	MIAMI, FL 33180	
TITLE	TD	☐ Delete
NAME	BIRNHOLZ, JACK	
STREET ADDRESS	2221 NORTHEAST 202ND STREET	
CITY-ST-ZIP	MIAMI, FL 33180	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JACK BIRNHOLZ, DIR

4-21-03

305 9312420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR034 (10/02)

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Equion Corporation

2221 Northeast 202 Street
Miami, Florida 33180
305 931-2427

May 15, 2003

Mr. Tyrone Scott
Division of Corporations
Florida Department of State
P. O. box 6327
Tallahassee, FL 32302

Re: Equion Corporation
Reference # P99000056836

Dear Mr. Scott:

Confirming our telephone conversation of today, I am returning the check provided by the Department of Corporations for our filing. This is not our check. Our check was issued on April 20, 2003 from Growth Fund Partnership, Inc., check number 528, which was mailed together with the Uniform Business Report for 2003 on April 21, 2003.

According to our bank (Washington Mutual) our check is still outstanding.

As per your suggestion, I am enclosing a duplicate check, dated today, (Growth Fund Partnership check # 0532) in the amount of \$150, together with the check that had been sent to me, along with your letter and the copy of the Uniform Business Report.

You can readily see from the returned check there is no identification except for a bank which we have no knowledge of.

Thank you for your help.

Jack Birnholz, Director

Encl.