

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90264 035 ***150.00

DOCUMENT # **P99000062533**

1. Entity Name

Equity Vestors, Inc.

Principal Place of Business

220 North State Road 7

Mailing Address

Same

Hollywood FL 33021-6303

2. Principal Place of Business

220 North State Road 7

3. Mailing Address

220 North State Road 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

74-2992765

Applied For

Not Applicable

Zip

33021-6303

Country

USA

Zip

33021-6303

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

James Villarroel
220 North State Road 7
Hollywood FL 33021

7. Name and Address of New Registered Agent

Name **James Villarroel**

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

220 North State Road 7

City **Hollywood**

FL

Zip Code **33021**

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

4/30/01

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, 2001 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 **President** ☐ Delete
 NAME **James Villarroel**
 STREET ADDRESS **220 North State Road 7**
 CITY-ST-ZIP **Hollywood FL 33021**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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TITLE ☐ Change ☐ Addition
 NAME
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #

CR2E034 (11/00)