

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91276 022 \*\*\*150.00

**DOCUMENT # P99000089470**

1. Entity Name  
**EHS EQUITY HOLDINGS, INC.**



Principal Place of Business  
**9100 S DALELAND BLVD**  
~~STE 1250~~  
**MIAMI FL 33156**

Mailing Address  
**9100 S DALELAND BLVD**  
**STE 1250**  
**MIAMI FL 33156**

2. Principal Place of Business

3. Mailing Address

**P.O. BOX 56-5898**

Suite, Apt. #, etc.

**SUITE # 1210**

Suite, Apt. #, etc.

City & State

City & State  
**MIAMI, FL**

Zip

Country

Zip  
**33256**

Country  
**U.S.**

4. FEI Number  
**65-0969818**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ONORATI, ANNETTE C**  
**9100 S DADELAN BLVD**  
**STE 1250**  
**CORAL GABLES FL 33134**

Name  
**JOSEPH L. CARUNCHO**

Street Address (P.O. Box Number is Not Acceptable)  
**9100 S. DADELAND BLVD.**

**SUITE # 1210**

City  
**MIAMI**

**FL** Zip Code  
**33156**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/24/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**CARUNCHO, JOSEPH L** ☐ Delete  
**13220 SW 83 AVENUE**  
**MIAMI FL 33156**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD**  
**JOSEPH L. CARUNCHO** ☒ Change ☐ Addition  
**16840 S.W. 82 AVE**  
**PALMETTO BAY, FL 33157**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S** ☒ Delete  
**ONORATI, ANNETTE C**  
**9100 S DADELAND BLVD ST 1250**  
**MIAMI FL 33156**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☐ Delete  
**FERNANDEZ, ORLANDO L JR**  
**7500 SW 8TH STREET 203**  
**MIAMI FL 33144**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D** ☐ Delete  
**POZO, JUSTO L**  
**13255 OLD CUTLER RD**  
**PINECREST FL 33156**

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

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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03**  
Date

**305-670-8430**  
Daytime Phone #

CR2E034 (10/02)