

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V07244**

1. Entity Name

NATIONAL EQUITIES CORP., S.A.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90016 045 ***158.75

A0042956

Principal Place of Business

**6365 N.W. 6th WAY
#160
FT. LAUDERDALE, FL. 33309**

Mailing Address

**P.O. Box 11597
FT. LAUDERDALE, FL.
33339**

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

650304752

Applied For

Not Applicable

5. Certificate of Status Desired

#

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DIFRANCESCO, HARRY F.
2901 MIDDLE RIVER DR.
FT. LAUDERDALE, FL. 33306**

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.

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)

X

**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 **P/D**
NAME **BROWN, JOEL**
STREET ADDRESS **6365 N.W. 6th WAY, Suite 160**
CITY-ST-ZIP **FT. LAUDERDALE, FL. 33309**

☐ Delete

TITLE **Sec/D**
NAME **Rieller, SID**
STREET ADDRESS **6365 N.W. 6th WAY, Suite 160**
CITY-ST-ZIP **FT. LAUDERDALE, FL. 33309**

☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **Sec/D**
NAME **Rieller, SID**
STREET ADDRESS **6365 N.W. 6th Way, Suite 160**
CITY-ST-ZIP **FT. LAUDERDALE, FL. 33309**

☐ Change

☒ Addition

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☐ 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

3-29-01 954 772 5028

Date

Daytime Phone #

CR2E034 (11/00)