

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90185 018 ***150.00

US43189 AV

DOCUMENT # V07244

1. Entity Name
NATIONAL EQUITIES CORP., S.A.

Principal Place of Business

~~6805 NW 6TH WAY #100~~
~~FORT LAUDERDALE FL 33309~~

Mailing Address

PO BOX 11597
 FORT LAUDERDALE FL 33339



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4101 RAVENSWOOD RD.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

128

City & State

FT. LAUDERDALE FL

City & State

Zip

Zip

33312

Country

USA

Country

4. FEI Number

65-0304752

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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)



FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
BROWN, JOEL
6365 NW 6TH WAY SUITE 160
FORT LAUDERDALE FL 33309

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
SD
RIELLEY, SID
6365 NW 6TH WAY, STE 160
FORT LAUDERDALE FL 33309

☐ Delete

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☐ Change ☐ 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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 954 997 0485

Date

Daytime Phone #

CR2E034 (9/01)