## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2001 8:00 am Secretary of State **DOCUMENT # G28761** E.M.F. & ASSOCIATES, INC. 05-01-2001 90040 030 \*\*\*150.00 Principal Place of Business Mailing Address 9100 S. DADELAND BLVD, STE 900 9100 S. DADELAND BLVD. STE 900 MIAMI FL 33156 MIAM1 FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2346462 Not Applicable Z:p Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEINBERG, ELI M. Street Address (P.O. Box Number is Not Acceptable) 6761 SW 89 TERR **MIAMI FL 33156** City 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 (NOTE Registered Agent's gnature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DP TITLE ☐ Delete Chance. ☐ Addition FEINBERG, ELI M NAMe NAME 6761 SW 89 TERR STREET ADDRESS STREET ADDRESS C!TY ST-ZIP MIAMI FL CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREE! ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CtTY+ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP Tim B Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATUSE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

ORGIN

305 670 5555 Caytime Phone #

☐ Change

Addition

CR2E034 (10/00)