

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90006 039 ***150.00

DOCUMENT # H14647

1. Entity Name

EMACO, INC.

Principal Place of Business

**C/O ERNESTO SCHLESINGER
 1132 N.E. 176 TERR.
 NORTH MIAMI BEACH FL 33162**

Mailing Address

**C/O ERNESTO SCHLESINGER
 1132 N.E. 176 TERR.
 NORTH MIAMI BEACH FL 33162**

801312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9860 NW 18 DR
 Suite, Apt. #, etc.**

3. Mailing Address

**9860 NW 18 DR
 Suite, Apt. #, etc.**

City & State

PLANTATION FL

City & State

PLANTATION FL

4. FEI Number

59-2431378

Applied For
 Not Applicable

Zip

33322

Country

BROWARD

Zip

33322

Country

BROWARD

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

**SCHLESINGER, ERNESTO
 1132 N.E. 176 TERR.
 NORTH MIAMI BEACH FL 33162**

Name

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

9860 NW 18 DR

City

PLANTATION

FL

Zip Code

33322

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

01/11-2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** Delete
 NAME **SCHLESINGER, ERNESTO**
 STREET ADDRESS **1132 N.E. 176 TERR.**
 CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **9860 NW 18 DR**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **V** Delete
 NAME **SCHLESINGER, SARA**
 STREET ADDRESS **1132 N.E. 176 TERR.**
 CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **9860 NW 18 DR**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **ST** Delete
 NAME **SCHLESINGER, ERNESTO**
 STREET ADDRESS **1132 N.E. 176 TERR.**
 CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **9860 NW 18 DR**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

01-11-2001

Date

954-677-2979

Daytime Phone #

CR2E034 (10/00)