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## 2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

Sep 10, 2001 8:00 am Secretary of State **DOCUMENT #** J58362 1. Entity Name 09-10-2001 90002 025 \*\*\*550.00 EMA SERVICES, INC. Principal Place of Business Mailing Address % CAROLYN BECKERMAN % CAROLYN BECKERMAN 1255 N.E. 172ND ST. 1255 N.E. 172ND ST. N MIAMI BEACH FL 33162 N MIAMI BEACH FL 33162 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2778811 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BECKERMAN, CAROLYN Street Address (P.O. Box Number is Not Acceptable) 1255/N.E. 172ND ST. N MIAMI BEACH FL 33162 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 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. (2/01)TITLE ☐ Delete TITLE ☐ Change Addition BECKERMAN, CAROLYN NAME NAME 1255 N.E. 172ND ST. N MIAMI BEACH FL CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BECKERMAN, SHELDON NAME NAME STREET ADDRESS 1255 N.E. 172ND ST. STREET ADDRESS N MIAMI BEACH FL -CITY-ST-ZIP. CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME **BECKERMAN, MOLLY** NAME STREET ADDRESS STREET ADDRESS 1255 NE 172ND ST CITY-ST-7/P N MIAMI BCH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 activities, with all other like empowered.