

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90108 047 ***150.00

DOCUMENT # P00000022261

1. Entity Name
EMARQ CORPORATION

Principal Place of Business
 10060 SHERIDAN ST.
 SUITE 102
 PEMBROKE PINES FL 33024

Mailing Address
 10060 SHERIDAN ST.
 SUITE 102
 PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0989465

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DE OLIVEIRA JR, EDUARDO M
 12325 S.W. 12TH STREET
 SUITE 40
 PEMBROKE PINES FL 33025

Name
 DE OLIVEIRA JR, EDUARDO M
 Street Address (P.O. Box Number is Not Acceptable)
 10060 SHERIDAN ST SUITE 102
 City
 PEMBROKE PINES FL Zip Code
 33024

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 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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DE OLIVEIRA, EDUARDO M JR.	
STREET ADDRESS	12325 S.W. 12TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE OLIVEIRA, EDUARDO M	
STREET ADDRESS	12325 S.W. 12TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE OLIVEIRA JR, EDUARDO M	
STREET ADDRESS	10060 SHERIDAN ST SUITE 102	
CITY-ST-ZIP	PEMBROKE PINES, FL, 33024	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE OLIVEIRA, EDUARDO M	
STREET ADDRESS	10060 SHERIDAN ST SUITE 102	
CITY-ST-ZIP	PEMBROKE PINES, FL, 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date Daytime Phone #

0163409 AV

CR2E034 (9/01)



DO NOT WRITE IN THIS SPACE