

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91157 019 \*\*\*150.00

0285144 AV

**DOCUMENT # P95000049422**

1. Entity Name  
**EMEX, INC.**



Principal Place of Business  
**4471 N.W. 36TH STREET  
SUITE 225  
MIAMI FL 33166**

Mailing Address  
**4471 N.W. 36TH STREET  
SUITE 225  
MIAMI FL 33166**

2. Principal Place of Business  
**6996 NW 42 ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO Box 69303**  
Suite, Apt. #, etc.

City & State  
**MIAMI Florida**  
Zip  
**33166** Country  
**USA**

City & State  
**MIAMI Florida**  
Zip  
**33166** Country  
**USA**

4. FEI Number  
**65-0615416**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**EMERAN, JEAN M  
561 NE 177TH ST  
MIAMI FL 33162**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-20-03**  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME <b>EMERAN, JEAN</b>	
STREET ADDRESS <b>4471 N.W. 36TH STREET STE 249</b>	
CITY-ST-ZIP <b>MIAMI FL 33166</b>	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>EMERAN, JEAN MICHEAL</b>	
STREET ADDRESS <b>561 NW 177TH ST</b>	
CITY-ST-ZIP <b>MIAMI FL 33162</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>EMERAN, GUY-CHARLES</b>	
STREET ADDRESS <b>561 NE 177TH ST</b>	
CITY-ST-ZIP <b>MIAMI FL 33162</b>	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EMERAN, JEAN</b>	
STREET ADDRESS <b>561 NE 177TH ST</b>	
CITY-ST-ZIP <b>MIAMI, FL 33162</b>	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 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

**4-20-03**  
Date

**305-511-0777**  
Daytime Phone #

CR2E034 (10/02)