

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 280613

1. Entity Name

EMBCO, INC.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90376 001 \*1,200.00

Principal Place of Business

6917 COLLINS AVENUE  
MIAMI BEACH FL 33141

Mailing Address

6917 COLLINS AVENUE  
MIAMI BEACH FLA 33141-3263

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1038358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NESTOR, BRENDA  
6917 COLLINS AVENUE  
MIAMI BEACH FL 33141

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.

SIGNATURE

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

(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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	POSNER, VICTOR	
STREET ADDRESS	6917 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	COLVIN, MELVIN R	
STREET ADDRESS	6917 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	TS	<input type="checkbox"/> Delete
NAME	LAUNER, BLANCHE S.	
STREET ADDRESS	6917 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	NESTOR, BRENDA	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL 33141	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FIELD, LISA M.	
STREET ADDRESS	6917 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

*Blanche Launer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2000

(305)866-7272

Date

Daytime Phone #