

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90022 022 ***150.00

0276497

DOCUMENT # 352224

1. Entity Name
E M C CORP.

Principal Place of Business
4058 NORTHEAST SEVENTH AVENUE
FT. LAUDERDALE FL 33334

Mailing Address
4058 NORTHEAST SEVENTH AVENUE
FT. LAUDERDALE FL 33334

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1271136

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

FLEMING, O'BRYAN & FLEMING
500 E BROWARD BLVD
BROWARD FINANCIAL CENTER
FT. LAUDERDALE FL 33338

Name George A. Wallace
Street Address (P.O. Box Number is Not Acceptable)
11490 NW 23 Street
City Plantation FL Zip Code 33323

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 George A. Wallace - President *[Signature]* DATE 4/3/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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	TSD	<input type="checkbox"/> Delete
NAME	WALLACE, MAURINE H	
STREET ADDRESS	1060 NE 27TH TERR	
CITY - ST - ZIP	POMPAHO BCH, FL 00000	
TITLE	P	<input type="checkbox"/> Delete
NAME	WALLACE, GEORGE A	
STREET ADDRESS	11490 NW 23RD ST	
CITY - ST - ZIP	PLANTATION ACRES, FL 00000	
TITLE	VPCD	<input type="checkbox"/> Delete
NAME	JERRY SEILER	
STREET ADDRESS	8033 NW 28TH STREET	
CITY - ST - ZIP	SUNRISE FL	
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"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* Jerry Seiler *[Signature]* DATE 4/3/01 DAYTIME PHONE # 954-564-6491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)