

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90542 017 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 427506																										
1. Entity Name EMARDE, INC.																										
Principal Place of Business 700 N.E. 180TH STREET NORTH MIAMI BEACH FL 33162		Mailing Address 700 N.E. 180TH STREET NORTH MIAMI BEACH FL 33162																								
2. Principal Place of Business		3. Mailing Address																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																								
City & State		City & State																								
Zip	Country	Zip	Country																							
6. Name and Address of Current Registered Agent MILANO, CONSTANTINE C. 700 N. E. 180TH ST. NO. MIAMI BEACH FL 33162		4. FEI Number 59-1462832 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Applied For</td> <td></td> </tr> <tr> <td>Not Applicable</td> <td></td> </tr> </table>		Applied For		Not Applicable																				
Applied For																										
Not Applicable																										
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required 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.																										
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																										
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																								
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>V</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">FRANGESH, WILLIAM</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">19731 NE 13TH COURT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">N MIAMI BEACH FL 33179</td> </tr> </table>	TITLE	V	<input type="checkbox"/> Delete	NAME	FRANGESH, WILLIAM		STREET ADDRESS	19731 NE 13TH COURT		CITY-ST-ZIP	N MIAMI BEACH FL 33179		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete																								
NAME	FRANGESH, WILLIAM																									
STREET ADDRESS	19731 NE 13TH COURT																									
CITY-ST-ZIP	N MIAMI BEACH FL 33179																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>SD</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">PREISTLEY, DOLORIS J.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">11121 NE 9TH CT</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">BISCAYNE PARK FL 33161</td> </tr> </table>	TITLE	SD	<input type="checkbox"/> Delete	NAME	PREISTLEY, DOLORIS J.		STREET ADDRESS	11121 NE 9TH CT		CITY-ST-ZIP	BISCAYNE PARK FL 33161		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete																								
NAME	PREISTLEY, DOLORIS J.																									
STREET ADDRESS	11121 NE 9TH CT																									
CITY-ST-ZIP	BISCAYNE PARK FL 33161																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">MILANO, CONSTANTINE C</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">700 NE 180TH ST</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">N MIAMI BEACH FL</td> </tr> </table>	TITLE	P	<input type="checkbox"/> Delete	NAME	MILANO, CONSTANTINE C		STREET ADDRESS	700 NE 180TH ST		CITY-ST-ZIP	N MIAMI BEACH FL		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																								
NAME	MILANO, CONSTANTINE C																									
STREET ADDRESS	700 NE 180TH ST																									
CITY-ST-ZIP	N MIAMI BEACH FL																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																								
NAME																										
STREET ADDRESS																										
CITY-ST-ZIP																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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																										

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: *Constantine C. Milano*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)