

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90175 030 ***150.00

DOCUMENT # 523719

1. Entity Name
EMERALD INTERNATIONAL TRADING CORP.



Principal Place of Business

1325 NW 78 AVE
203
MIAMI FL 33126
US

NEW

Mailing Address

1325 NW 78 AVE
203
MIAMI FL 33126
US

2. Principal Place of Business

13430 SW 34 ST

Suite, Apt. #, etc.

3. Mailing Address

13430 SW 34 ST

Suite, Apt. #, etc.

City & State

MIAMI-FLORIDA

Zip

Country

33175

U.S.A.

City & State

MIAMI-FLORIDA

Zip

33175

Country

U.S.A.

4. FEI Number

59-1938558

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

HURTADO, ROBERTO L.

3550 SW 139 CT.

MIAMI FL 33175 *NEW ADDRESS*

7. Name and Address of New Registered Agent

Name **ROBERTO HURTADO**

Street Address (P.O. Box Number is Not Acceptable)

13430 SW 34 ST.

City **MIAMI-**

FL

Zip Code

33175

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)

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 **PD** ☐ Delete
NAME **HURTADO, ROBERTO**
STREET ADDRESS **3550 SW 139 CT.**
CITY-ST-ZIP **MIAMI, FL 00000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **ROBERTO HURTADO**
STREET ADDRESS **13430 SW 34 ST**
CITY-ST-ZIP **MIAMI-FL 33175**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

CR2E034 (10/02)

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] **ROBERTO HURTADO**

Date

Daytime Phone #

2-15-03 305-226-2143