

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 626324

1. Entity Name
INVERSIONES EMMER, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90100 029 ***150.00

Principal Place of Business C/O EMILIO NARCISO 1800 COLLINS AVENUE. APT. 4-H MIAMI FL 33139	Mailing Address C/O EMILIO NARCISO 1800 COLLINS AVENUE. APT. 4-H MIAMI FL 33139-7419
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
NARCISO, EMILIO 1800 COLLINS AVE. #4H MIAMI BEACH FL 33139				Name CIRO MANERI			
				Street Address (P.O. Box Number is Not Acceptable) 3499 TOAREMOLINDS AVE			
				City MIAMI		FL	

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 *Emilio Narciso* **EMILIO NARCISO** DATE **03-07-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARCISO, EMILIO	NAME	
STREET ADDRESS	1800 COLLINS AVE., APT. 4-H	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33139	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JORGE NARCISO	NAME	
STREET ADDRESS	1800 COLLINS AVE., APT. 4-H	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33139	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, MERCEDES N	NAME	
STREET ADDRESS	1800 COLLINS AVE., APT. 4-H	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33139	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, ELIZABETH N	NAME	
STREET ADDRESS	1800 COLLINS AVE., APT. 4-H	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33139	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE NARCISO, MERCEDES N	NAME	
STREET ADDRESS	1800 COLLINS AVE., APT. 4-H	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33139	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Jorge Narciso* **Jorge Narciso** DATE **03-07-00** DAYTIME PHONE # **305-593-9322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)