

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90002 011 ***150.00

DOCUMENT # F00000005134

1. Entity Name

EMERGED ASSURED INC.

Principal Place of Business

**1475 NW 192ND TERRACE
 MIAMI FL 33169**

Mailing Address

**1475 NW 192ND TERRACE
 MIAMI FL 33169**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

88-0448569

Applied For

Not Applicable

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

**DALLAS SR, BASIL L
 1475 NW 192ND TERRACE
 MIAMI FL 33169**

Name

SAME

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

City

FL

Zip Code

8. The above named entity makes 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

07/03/01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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
 NAME **PCD**
 STREET ADDRESS **DALLAS SR, BASIL L**
 CITY-ST-ZIP **1475 NW 192ND TERRACE
 MIAMI FL** ☐ Delete

TITLE
 NAME **V**
 STREET ADDRESS **DACOSTA-DALLAS, MARGARET**
 CITY-ST-ZIP **1475 NW 192ND TERRACE
 MIAMI FL** ☒ Delete

TITLE
 NAME **S**
 STREET ADDRESS **DANIELS, GAIL**
 CITY-ST-ZIP **15935 NW 19TH TERRACE
 OPA LOCKA FL** ☒ Delete

TITLE
 NAME **VTD**
 STREET ADDRESS **JOHNSON, LEN**
 CITY-ST-ZIP **1461 SW 97TH AVE
 PEMBROKE PINES FL** ☐ Delete

TITLE
 NAME **D**
 STREET ADDRESS **GOULBOURNE, COURTNEY**
 CITY-ST-ZIP **9231 ANDOREA DR.
 MIRAMAR FL** ☒ Delete

TITLE
 NAME **D**
 STREET ADDRESS **MORRIS, BARRINGTON**
 CITY-ST-ZIP **2441 W. BAHAMAS DR.
 MIRAMAR FL** ☒ Delete

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NOTICE 7/3/01

*WE DID NOT RECEIVED
 ANY NOTICE BEFORE THIS
 ONE. PLEASE ACCEPT
 THIS CHECK FOR \$150.00
 FOR MY 2001 UBR.*

THANKS

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/03/01

Date

Daytime Phone #

CR2E034 (5/01)