2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 01, 2000 8:00 am Secretary of State **DOCUMENT # J58362** 1. Entity Name EMA SERVICES, INC. 03-01-2000 90080 045 ***150.00 Mailing Address Principal Place of Business % CAROLYN BECKERMAN % CAROLYN BECKERMAN 1255 N.E. 172ND ST. 1255 N.E. 172ND ST. DU327556 N MIAMI BEACH FL 33162-2721 N MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2778811 Not Applicable Zip Zio Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BECKERMAN, CAROLYN Street Address (P.O. Box Number is Not Acceptable) 1255 N.E. 172ND ST. N MIAMI BEACH FL 33162 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 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) FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITI F TITLE BECKERMAN, CAROLYN NAME NAME 1255 N.E. 172ND ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N MIAMI BEACH FL ☐ Change Addition TITLE ☐ Delete TITLE **BECKERMAN, SHELDON** NAME NAME STREET ADDRESS 1255 N.E. 172ND ST. STREET ADDRESS N MIAMI BEACH FL CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE BECKERMAN, AVI NAME NAME STREET ADDRESS 1255 N.E. 172 ST. STREET ADDRESS CITY-ST-ZIP N. MIAMI FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE BECKERMAN, MOLLY NAME STREET ADDRESS 1255 NE 172ND ST STREET ADDRESS. CITY-ST-ZIP N MIAMI BCH FL CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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

SIGNATURE: