

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90880 030 ***150.00

DOCUMENT # J70537

1. Entity Name

EMILU CORPORATION

Principal Place of Business

9945 SW 49 ST
MIAMI FL 33165

Mailing Address

9945 SW 49 ST
MIAMI FL 33165-6315

2. Principal Place of Business

1614 NW 27 Ave.
Suite, Apt. #, etc.

3. Mailing Address

1614 NW 27 Ave.
Suite, Apt. #, etc.

City & State

Miami, FL 33125

City & State

Miami, FL

4. FEI Number

59-2794837

Applied For

Not Applicable

Zip

33125

Country

U.S.A

Zip

33125

Country

U.S.A

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

LOURDES, GONZALEZ E.
9945 SW 49 ST
MIAMI FL 33155

Name

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

1614 NW 27 Ave.

City

Miami,

FL

Zip Code

33125

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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
After MAY 1, 2000 Fee will be \$550.00
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 PD
NAME GONZALEZ, LOURDES E.
STREET ADDRESS 9945 SW 49 ST
CITY-ST-ZIP MIAMI FL 33155 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1614 NW 27 Ave
CITY-ST-ZIP Miami, FL 33125

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Lourdes Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (9/99)