

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003561

1. Entity Name
EMERGING EQUITY GROUP LLC

FILED

01 JUL 10 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
201 SOUTH BISCAYNE BLVD., 17TH FLOOR
MIAMI FL 33131

Mailing Address
201 SOUTH BISCAYNE BLVD., 17TH FLOOR
MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

MAJH

2. Principal Place of Business
633 NE 167th St
Suite, Apt. #, etc.
1001
City & State
N. MIAMI BCH FL
Zip
33162
Country
USA

3. Mailing Address
633 NE 167th St
Suite, Apt. #, etc.
1001
City & State
N. MIAMI BCH FL
Zip
33162
Country
USA

4. FEI Number
65 1017967

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MIAMI CENTER REGISTERED AGENTS, INC.
1700 MIAMI CENTER
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
~~BRUCE SAMUELS~~

Street Address (P.O. Box Number is Not Acceptable)
~~633 NE 167th St~~

City
~~N. MIAMI BEACH~~ FL Zip Code
33141

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUCE SAMUELS 633 NE 167th St #1001 N. MIAMI BCH, 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUCE SAMUELS 633 NE 167th St #1001 N. MIAMI BCH, 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM YVES LANGLOIS 633 NE 167th St, #1001 N. MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004481352-3 -07/17/01--01091--016 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRUCE SAMUELS 4/21/01 305 651 9300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0008613 AF

CR2E083 (11/00)