

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015330

1. Entity Name

E. M. DEVELOPMENT, LLC

FILED

01 AUG 27 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2640 S.W. 12 STREET
MIAMI FL 33135

2640 S.W. 12 STREET
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

2930 SW 107 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

4. FEI Number

65-1077745

Applied For

Not Applicable

Zip

Country

33165

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, ENRIQUE J SR.
2930 SW 107 AVE
MIAMI FL 33165

Name

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

City

FL

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

Signature, typed 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
Due By September 26, 2001

500004562835--6

-08/29/01--01103--010

*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME
MGR
MARTINEZ, ENRIQUE SR.
2640 S.W. 12 STREET
MIAMI FL 33135

☐ Delete

☐ Change ☐ Addition

TITLE NAME
MGR
MARTINEZ, ENRIQUE JR.
2640 S.W. 12 STREET
MIAMI FL 33135

☐ Delete

☐ Change ☐ Addition

TITLE NAME
MGR
MARTINEZ, NANCY S
2640 S.W. 12 STREET
MIAMI FL 33135

☐ Delete

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ 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:

SIGNATURE REQUIRED

8/21/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE