

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2002 8:00 am
Secretary of State

08-18-2002 90126 012 ****50.00

DOCUMENT # L01000014205

1. Entity Name
EMA ENTERPRISES, LLC

314110



DO NOT WRITE IN THIS SPACE

Principal Place of Business
5135 WEST CYPRESS AVENUE
TAMPA FL 33607

Mailing Address
5135 WEST CYPRESS AVENUE
TAMPA FL 33607

2. Principal Place of Business
5135 WEST CYPRESS STREET
 Suite, Apt. #, etc. **#104**

3. Mailing Address
5135 WEST CYPRESS STREET
 Suite, Apt. #, etc. **#104**

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
59-3741242

Applied For
 Not Applicable

Zip **33607** Country **HILLSBOROUGH**

Zip **33607** Country **HILLSBOROUGH**

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

6. Name and Address of Current Registered Agent

MAZZERO, MATTHEW W
5135 WEST CYPRESS AVENUE
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
5135 WEST CYPRESS STREET
#104
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MATTHEW MAZZERO, MGR**
 Signature, typed or printed name of registered agent and title if applicable.

MATTHEW MAZZERO, MGR
 (NOTE: Registered Agent signature required when reinstating)

7-29-02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
 NAME **MAZZERO, MATTHEW W**
 STREET ADDRESS **5135 WEST CYPRESS AVENUE STREET**
 CITY-ST-ZIP **TAMPA FL 33607**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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: **MATTHEW MAZZERO, MGR**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7-29-02 83 874-2900
 Date Daytime Phone #

CR2E083 (4/02)