

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90370 008 ****55.00

DOCUMENT # L01000016548

1. Entity Name

EMG GROUP, LLC

Principal Place of Business

**7320 SW 100TH COURT
 MIAMI FL 33173**

Mailing Address

**7320 SW 100TH COURT
 MIAMI FL 33173**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1140557

Applied For

Not Applicable

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

**CORPORATE CREATIONS NETWORK INC.
 941 FOURTH STREET #200
 MIAMI BEACH FL 33139**

Name

MARIA T. GRENET

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

7921 S.W. 20TH STREET

City

Miami

FL

Zip Code

33155

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MARIA T. GRENET

7/12/02

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR**
 NAME **GRENET, EMILIO M**
 STREET ADDRESS **7320 SW 100TH COURT**
 CITY-ST-ZIP **MIAMI FL 33173**

☐ Delete

TITLE **MGR**
 NAME **MARIA T. GRENET**
 STREET ADDRESS **7921 SW 20TH STREET**
 CITY-ST-ZIP **MIAMI, FL 33155**

☐ Change

☒ Addition

TITLE
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☐ 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

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

7/12/02 (305) 596-3571

Date

Daytime Phone #

CR2E083 (4/02)