

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90205 013 ***150.00

DOCUMENT # L27825

1. Entity Name
EMERALD TRADE CENTER, INC.

Principal Place of Business

**1013 NE 5TH ST
 HALLANDALE FL 33009
 US**

Mailing Address

**1013 NE 5TH ST
 HALLANDALE FL 33009
 US**

2. Principal Place of Business

14 NE 1ST AVE

3. Mailing Address

14 NE 1ST AVE

Suite, Apt. #, etc.

904

Suite, Apt. #, etc.

904

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33132

Country

USA

Zip

33132

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0155448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**DRUKER, CRISTINA
 1013 NE 5TH ST
 HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name **CRISTINA DRUKER**

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

520 BRICKELL KEY DR # 1002

City

MIAMI

FL

Zip Code

33131

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **DRUKER, CRISTINA**
 STREET ADDRESS **1013 NE 5TH ST**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME **CRISTINA DRUKER**
 STREET ADDRESS **520 BRICKELL KEY DR**
 CITY-ST-ZIP **MIAMI, FL 33131**

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02

Date

305-808-7457

Daytime Phone #

CR2E034 (9/01)

0130090 AV