

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L50860

1. Entity Name

E.M.T. CONTRACTORS, INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90128 020 ***150.00

Principal Place of Business Mailing Address
C/O MARTIN TUCHBAUM & ERIKA TUCHBAUM C/O MARTIN TUCHBAUM & ERIKA TUCHBAUM
1424 ALTON RD. 1424 ALTON RD.
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-3814



DO NOT WRITE IN THIS SPACE

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 65-0172087 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TUCHBAUM, MARTIN & ERIKA TUCHBAUM
1424 ALTON RD.
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PST TUCHBAUM, MARTIN 1780 NE 147TH STREE MIAMI FL
D TUCHBAUM, MARTIN 1780 NE 147TH STREET MIAMI FL
VD TUCHBAUM, ERIKA 1780 NE 147TH STREET MIAMI FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition
Change Addition

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: _____ DATE: 04/14/2000 (308) 949-6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR