

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L50860**

1. Entity Name

E.M.T. CONTRACTORS, INC.

Principal Place of Business

**C/O MARTIN TUCHBAUM & ERIKA TUCHBAUM
1424 ALTON RD.
MIAMI BEACH FL 33139**

Mailing Address

**C/O MARTIN TUCHBAUM & ERIKA TUCHBAUM
1424 ALTON RD.
MIAMI BEACH FL 33139**

2. Principal Place of Business

6436 SW 16 St.
Suite, Apt. #, etc.

3. Mailing Address

6436 SW 16 St.
Suite, Apt. #, etc.

City & State

MIAMI, FL.
Zip **33155** Country

City & State

MIAMI, FL.
Zip **33155** 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 **MARTIN TUCHBAUM**
Street Address (P.O. Box Number is Not Acceptable) **6436 SW 16 St.**
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.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MARTIN TUCHBAUM 01/26/2002
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, 2002 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	ST	<input type="checkbox"/> Delete
NAME	TUCHBAUM, MARTIN	
STREET ADDRESS	1780 NE 147TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUCHBAUM, MARTIN	
STREET ADDRESS	1780 NE 147TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TUCHBAUM, ERIKA	
STREET ADDRESS	1780 NE 147TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTHA MARTINEZ	
STREET ADDRESS	6436 SW 16 ST.	
CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE GAMAS	
STREET ADDRESS	4241 PALM LADE	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SECRETARY

MARTIN TUCHBAUM 01/26/02 786-388-8211
Date Daytime Phone #

FILED

02 FEB 14 PM 3:08

SECRETARY OF STATE
FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

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