


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90253 005 ***150.00

DOCUMENT # L50860	
1. Entity Name E.M.T. CONTRACTORS, INC.	

Principal Place of Business 6436 SW 16 ST. MIAMI FL 33155	Mailing Address 6436 SW 16 ST. MIAMI FL 33155
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0172087	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
---------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
--

6. Name and Address of Current Registered Agent	
TUCHBAUM, MARTIN 6436 SW 16 ST. MIAMI FL 33155	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
------------------	--	-------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE	NAME
PSTD	TUCHBAUM, MARTIN
STREET ADDRESS	1780 NE 147TH STREET
CITY-ST-ZIP	MIAMI FL
<input type="checkbox"/> Delete	
TITLE	NAME
D V	MARTINEZ, MARTHA
STREET ADDRESS	6436 SW 16 ST.
CITY-ST-ZIP	MIAMI FL 33155
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
	T. PABST LOUIS EDWARD
STREET ADDRESS	15250 NE 8 AVE.
CITY-ST-ZIP	NORTH MIAMI BEACH, FL. 33162
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 	REQUIRED MARTIN I. TUCHBAUM 02/14/2003 786-251-5607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

CR2E034 (10/02)