

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L63779

1. Entity Name

C.T. EMERALD CORP.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90882 028 \*\*\*158.75

Principal Place of Business

Mailing Address

~~6330 S.W. 114 ST~~  
~~MIAMI FL 33156~~

~~6330 S.W. 114 ST~~  
~~MIAMI FL 33156 4067~~

2. Principal Place of Business

8605 SE Federal Hwy  
 Suite, Apt. #, etc.

3. Mailing Address

Same  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hobe Sound FL

City & State

Same

4. FEI Number

65-0358256

Applied For

Not Applicable

Zip

33455

Country

USA

Zip

Same

Country

Same

5. Certificate of Status Desired

X

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUINN, HUGH F.

6330 S.W. 114 STREET  
 MIAMI FL 33156

Name

QUINN, HUGH F.

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

9400 S. DADELAND BLVD.

Suite 300

City

Miami

FL

Zip Code

33156

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

*Hugh Quinn*

HUGH QUINN

4/26/00

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

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
 NAME QUINN, HUGH F  
 STREET ADDRESS 6330 SW 114 STREET  
 CITY-ST-ZIP MIAMI FL 33156

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Hugh Quinn*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

561)546.3600

Daytime Phone #

CR2E034 (9/99)