

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

100 MAY -9 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002439

Entity Name

Principal Place of Business Mailing Address
1340 STIRLING RD SUITE 4A&B,
DANIA FL 33004

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

65-0874832

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMO COR SERVICES, INC.
RD
100 NE 3 AVE, SUITE 1100
FT LAUDERDALE FL 33301

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

Colin Machado MGR

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
ANN. MAY 1, 2000 Fee will be \$350.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

MGR
COLIN MACHADO
2849 NE 24 PL.
FT. LAUDERDALE FL 33305☐ Delete

(954) 563-6133

☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

600003247365-6
-03/11/00-01004-001
*****50.00 *****50.00☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

000003278470-4

-06/06/00-01077-022

*****50.00 *****50.00

☐ 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.