

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90340 025 \*\*\*\*70.00

DOCUMENT # **N000000008312**  
1. Entity Name **E-man Creations, Inc** ✓

**DO NOT WRITE IN THIS SPACE**

**B0131724**

2. Principal Place of Business **275 NW 107th Av.**  
Suite, Apt. #, etc.

3. Mailing Address **P.O. Box 260604**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Pembroke Pines, FL**  
Zip **33026** Country **USA**

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Zip **33026** Country **USA**

4. FEI Number **65-1107252**  
Applied For ☐ Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name **Jean Yzer**  
Street Address (P.O. Box Number is Not Acceptable) **275 NW 107th Av.**  
City **Pembroke Pines FL** Zip Code **33026**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE **Director**  
NAME **Jean Yzer**  
STREET ADDRESS **275 NW 107th Av.**  
CITY - ST - ZIP **Pembroke Pines, FL 33026**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **Director**  
NAME **Robert Grandella**  
STREET ADDRESS **1727 Lee Str. #14**  
CITY - ST - ZIP **Hollywood, FL 33020**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE **Director**  
NAME **Odalis Yzer**  
STREET ADDRESS **10660 NW 2nd circle**  
CITY - ST - ZIP **Pembroke Pines, FL 33026**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jean Yzer** 7/17/02 (954) 438-5655  
Date Daytime Phone #

CR2E037B (12/01)