

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

FILED

03 OCT -9 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N000000008312

1. Entity Name

e-man Creations, Inc



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

175 NW 107th Av.

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL

City & State

4. FEI Number

65-1197252

Applied For

Not Applicable

Zip

33026

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Jean Yzer - Director

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

175 NW 107th Av

Pembroke Pines

City

FL

Zip Code

33026

**DO NOT WRITE  
IN THIS SPACE**

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

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: Director  
NAME: Jean Yzer  
STREET ADDRESS: 175 NW 107th Av.  
CITY-ST-ZIP: Pembroke Pines, FL 33026

TITLE: NAME: 400023641374  
STREET ADDRESS: 10/08/03--01025--002 \*\*61.25  
CITY-ST-ZIP:

TITLE: Director  
NAME: Odalys Yzer  
STREET ADDRESS: 10660 NW 2nd circle  
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:

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CITY-ST-ZIP:

**DO NOT WRITE  
IN THIS SPACE**

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 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

10/1/03

Date

(954)  
438-5655

Daytime Phone #

CR2E037B (12/02)

21 10/9