

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**  
 05-11-2001 90458 040 \*\*\*\*70.00

**DOCUMENT # N23031**

1. Entity Name

**EMIN AMERICA FLORIDA, INC.**

Principal Place of Business

12705 N. 25TH COURT  
 C/O STEVEN DAUBER  
 LOXAHATCHEE FL 33470  
 US

Mailing Address

12705 N. 25TH COURT  
 C/O STEVEN DAUBER  
 LOXAHATCHEE FL 33470  
 US

2. Principal Place of Business

**3741 S.W. KASIN STREET**

3. Mailing Address

**3741 S.W. KASIN STREET**

Suite, Apt. #, etc.

**c/o MARC LUPPENS**

Suite, Apt. #, etc.

**c/o MARC LUPPENS**

City & State

**PORT ST. LUCIE, FL**

City & State

**PORT ST. LUCIE, FL**

Zip

**34953**

Country

**USA**

Zip

**34953**

Country

**USA**

4. FEI Number

**65-0009339**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required.**

6. Name and Address of Current Registered Agent

**DAUBER, STEVEN**  
**12705 NORTH 25TH COURT**  
**LOXAHATCHEE FL 33470**

7. Name and Address of New Registered Agent

Name

**MARC S. LUPPENS**

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

**3741 S.W. KASIN STREET**

City

**PORT ST. LUCIE**

**FL**

Zip Code

**34953**

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

*Marc S. Luppens*

**MARC S. LUPPENS, DIRECTOR**

**4/30/01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

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 **PD** ☐ Delete  
 NAME **DAUBER, STEVEN**  
 STREET ADDRESS **12705 NORTH 25TH COURT**  
 CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE **VD** ☐ Delete  
 NAME **DAUBER, SUZANNE S.**  
 STREET ADDRESS **12705 NORTH 25TH COURT**  
 CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE **STD** ☐ Delete  
 NAME **LUPPENS, MARC**  
 STREET ADDRESS **3741 S.W. KASIN STREET**  
 CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

SIGNATURE:

*Marc S. Luppens*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARC S. LUPPENS**

**4/30/01**

**(561) 336-0861**

Date

Daytime Phone #

CR2E037 (10/00)