

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000018347

1. Entity Name

ERMAR ENTERPRISES, INC.

Principal Place of Business

17315 S.W. 8TH STREET
PEMBROKE PINES FL 33029

Mailing Address

17315 S.W. 8TH STREET
PEMBROKE PINES FL 33029

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PEREZ-GOLFINO, JOSEFINA M
17315 S.W. 8TH STREET
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent, and state it applicable.

(NOTE: Registered Agent signature required when reinstating)

2/21/01
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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NORONO, ERNESTO 17315 S.W. 8TH STREET PEMBROKE PINES FL 33029	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RUIZ, MARLENE M 17315 S.W. 8TH STREET PEMBROKE PINES FL 33029	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01 305-573-3893
Date Daytime Phone #

FILED
Apr 12, 2001 8:00 am
Secretary of State

02-28-2001 90094 041 ***150.00



DO NOT WRITE IN THIS SPACE
65-0985323

4. FEI Number

65-0985323

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

CR2E034 (10/00)