

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90228 007 ***150.00

DOCUMENT # P00000050651

1. Entity Name

E & M INTERNATIONAL BROKERS CORP.

Principal Place of Business

Mailing Address

10332 SW, 20th ST
 MIRAMAR, FL 33025

SAME

2. Principal Place of Business

3. Mailing Address

8249 NW, 36th ST

8249 NW, 36th ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

216

216

City & State
 MIAMI, FL

City & State
 MIAMI, FL

4. FEI Number

65-1010627

Applied For

Not Applicable

Zip
 33166

Country
 USA

Zip
 33166

Country
 USA

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

EDMUNDO MARCANO - VERA
 10332 SW, 20th ST
 MIRAMAR, FL 33025

Name EDMUNDO MARCANO VERA

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

8249 NW, 36th ST, # 216

City MIAMI

FL

Zip Code 33166

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

x 4/30/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input type="checkbox"/> Delete
NAME	EDMUNDO MARCANO VERA	
STREET ADDRESS	10332 SW, 20th ST	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE	S/D	<input type="checkbox"/> Delete
NAME	MARIA F ALBA W.	
STREET ADDRESS	10332 SW, 20th ST	
CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDMUNDO MARCANO	
STREET ADDRESS	8249 NW, 36th ST, # 216	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA F. ALBA W.	
STREET ADDRESS	8249 NW, 36th ST, # 216	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/30/01 x (305) 4770216

Date Daytime Phone #

0083737

CR2E034 (10/00)