

**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** **SAME**  
**MIRAMAR, FL 33025**

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 City & State  
**MIAMI, FL** **MIAMI, FL**

Zip Country Zip Country  
**33166** **USA** **33166** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For  
**65-1010627**  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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 DATE **x 4/30/01**  
Signature, typed or printed name of registered agent and title if applicable. (NO Registered Agent signature required when reinstating)

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDMUNDO MARCANO</b>
STREET ADDRESS	<b>8249 NW, 36th ST, # 216</b>
CITY-ST-ZIP	<b>MIAMI, FL 33166</b>
TITLE	<b>S/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARIA F. ALBA W.</b>
STREET ADDRESS	<b>8249 NW, 36th ST, # 216</b>
CITY-ST-ZIP	<b>MIAMI, FL 33166</b>
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: DATE **x 4/30/01** DAYTIME PHONE # **x (305) 4770816**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0083737

CR2E034 (10/00)