

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90318 004 \*\*\*150.00

**DOCUMENT # P00000050651**

1. Entity Name  
**E & M INTERNATIONAL BROKERS CORP.**

Principal Place of Business

**8249 NW 36TH ST  
 216  
 MIAMI FL 33166**

Mailing Address

**8249 NW 36TH ST  
 216  
 MIAMI FL 33166**

BUU76431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1800 W, 49th STREET  
 Suite, Apt. #, etc.  
 SUITE 301**

3. Mailing Address

**1800 W, 49th STREET  
 Suite, Apt. #, etc.  
 SUITE 301**

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number **65-1010627**

Applied For  
 Not Applicable

Zip Country  
**33012 USA**

Zip Country  
**33012 USA**

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

6. Name and Address of Current Registered Agent

**MARCANO-VERA, EDMUNDO J  
 8249 NW, 36TH ST, #216  
 MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **MARCANO-VERA, EDMUNDO J.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**561 RACQUET CLUB RD, #24**  
 City **WESTON** FL Zip Code **33326**

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]**

**x 04/10/02**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>PD MARCANO-VERA, EDMUNDO J 8249 NW, 36TH ST, #216 MIAMI FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD ALBA WILLIAMS, MARIA F 8249 NW, 36TH ST, #216 MIAMI FL 33166</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MARCANO-VERA, EDMUNDO J. 561 RACQUET CLUB RD, #24 WESTON, FL 33326</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD ALBA WILLIAMS, MARIA F 561 RACQUET CLUB RD, #24 WESTON, FL 33326</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**x 04/10/02** **x 954-3853874**  
 Date Daytime Phone #

CR2E034 (9/01)