


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90171 020 ***150.00

DOCUMENT # P00000050651

1. Entity Name
E & M INTERNATIONAL BROKERS CORP.



Principal Place of Business
**1800 W 49TH STREET
SUITE 301
HIALEAH FL 33012**

Mailing Address
**1800 W 49TH STREET
SUITE 301
HIALEAH FL 33012**

2. Principal Place of Business
**2700 GADES CIRCLE
Suite, Apt. #, etc.
109
City & State
WESTON, FL
Zip
33327 Country
USA**

3. Mailing Address
**2700 GADES CIRCLE
Suite, Apt. #, etc.
109
City & State
WESTON, FL
Zip
33327 Country
USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MARCANO-VERA, EDMUNDO J
561 RACQUET CLUB RD
#24
WESTON FL 33326**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARCANO-VERA, EDMUNDO J 561 RACQUEST CLUB RD, #24 WESTON FL 33326	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ALBA WILLIAMS, MARIA F 561 RACQUEST CLUB RD, #24 WESTON FL 33326	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: **SIGNATURE REQUIRED** 02/13/03 954-385-07-92
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)