

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P00000051750

1. Entity Name
EMS UNLIMITED, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 OCT 21 PM 1:58

Principal Place of Business
14760 S. SPUR DRIVE
MIAMI FL 33161

Mailing Address
14760 S. SPUR DRIVE
MIAMI FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1011304

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SILVERIO, ELIZABETH
14760 S. SPUR DRIVE
MIAMI FL 33161

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

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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SILVERIO, ELIZABETH
STREET ADDRESS 14760 S. SPUR DRIVE
CITY-ST-ZIP MIAMI FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200023447502
09/30/03--01066--030 **550.00

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP
200023447502
10/21/03--01027--007 **200.00

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CITY-ST-ZIP

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: *SILVERIO, ELIZABETH*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/03

Date

305-336-9269

Daytime Phone #

CR2E034 (4/03)