


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90150 050 ***150.00

DOCUMENT # P00000057971

1. Entity Name
EMIDA PARTNERS, INC.



Principal Place of Business
**848 BRICKELL AVENUE, SUITE 1200
MIAMI FL 33131**

Mailing Address
**848 BRICKELL AVENUE, SUITE 1200
MIAMI FL 33131**



2. Principal Place of Business
2200 S. Dixie Hwy
Suite, Apt. #, etc. **Ste. 601**
City & State **Miami, Fl.**
Zip **33133** Country **Dade-USA**

3. Mailing Address
2200 S. Dixie Hwy
Suite, Apt. #, etc. **Ste 601**
City & State **Miami, Fl.**
Zip **33133** Country **Dade-USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1015918**

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
AUERBACH, MARC H.O JR.
201 S. BISCAYNE BLVD.
20TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name _____

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

City _____ State **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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 | <input type="checkbox"/> Delete |
|-------|--------------------|---------------------------------|----------------|---------------------------------|
| PD | BRILLEMBOURG, RENE | 848 BRICKELL AVENUE, SUITE 1210 | MIAMI FL 33131 | <input type="checkbox"/> |
| TD | MENDOZA, GILBERTO | 848 BRICKELL AVE. STE. 1200 | MIAMI FL 33131 | <input type="checkbox"/> |
| SD | LEYBA, HERMAN | 848 BRICKELL AVE., SUITE 1200 | MIAMI FL 33131 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------------------|------------------|--|-----------------------------------|
| | | 2200 S Dixie Hwy Ste 601 | Miami, Fl. 33133 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | 2200 S. Dixie Hwy Ste #601 | Miami, Fl. 33133 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | 2200 S. Dixie Hwy Ste 601 | Miami, Fl. 33133 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/17/03 (305) 854-2714
Date Daytime Phone #

CR2E034 (10/02)