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FILED
Jul 31, 2002 8:00 am
Secretary of State
07-11-2002 90245 048 ***558.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00 0000 65685

1. Entity Name
E-MANAGEMENT GROUP INC ✓

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[redacted]

40275
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3350 NW Boca Raton Blvd	SAME
Suite, Apt. #, etc.: A-26	Suite, Apt. #, etc.
City & State: Boca Raton / FL	City & State
Zip: 33431 Country: USA	Zip Country

4. FEI Number: 65-1022714 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: RANDY FORMAN

Street Address (P.O. Box Number is Not Acceptable): 2600 N MILITARY TRAIL, Suite 206

City: Boca Raton FL Zip Code: 33431

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] 6/28/02
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) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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: VICE-PRES NAME: RANDY FORMAN STREET ADDRESS: 3360 NW BOCA RATON BLVD, A-26 CITY-ST-ZIP: BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: SEC'Y-TREASURER NAME: ELLIOT LOEWENSTERN STREET ADDRESS: 3350 NW BOCA RATON BLVD, A-26 CITY-ST-ZIP: BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: MITCHELL HYMOWITZ-PRES NAME: 599 W. HARTSDALE AVE STREET ADDRESS: WHITE PLAINS, NY 10607 CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6/28/02 800-203-0008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #