

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90121 017 \*\*\*550.00

**DOCUMENT # P00000080352**

1. Entity Name

**E-MERGE TECHNOLOGIES, INC.**



Principal Place of Business

**1717 N BAYSHORE DRIVE SUITE 3854  
 MIAMI FL 33432**

Mailing Address

**1717 N BAYSHORE DRIVE SUITE 3854  
 MIAMI FL 33432**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1034375**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SCHWARTZ, MICHAEL  
 2514 HOLLYWOOD BLVD SUITE 508  
 HOLLYWOOD FL 33020**

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.

SIGNATURE

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MEDICI, JEAN-AIME</b>	
STREET ADDRESS	<b>1717 N BAYSHORE DRIVE SUITE 3854</b>	
CITY-ST-ZIP	<b>MIAMI FL 33432</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PRESIDENT + CEO + DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JEAN-AIME MEDICI</b>	
STREET ADDRESS	<b>1717 N. BAYSHORE DR. SUITE 3854</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33132</b>	
TITLE	<b>SECRETARY, UP OPERATIONS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MELANIE DE PARIS</b>	
STREET ADDRESS	<b>1717 N. BAYSHORE DR. SUITE 3854</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33132</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-3-01**

Date

**305-372-8860**

Daytime Phone #

CR2E034 (5/01)