

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P00000080657**

1. Entity Name  
**EMES CONSULTING SERVICES, INC.**



**FILED**  
**Jun 13, 2003 8:00 am**  
**Secretary of State**

06-13-2003 90058 023 \*\*\*150.00

0162268 AV

Principal Place of Business  
**3860 N. 42ND TERRACE  
HOLLYWOOD FL 33021**

Mailing Address  
**3860 N. 42ND TERRACE  
HOLLYWOOD FL 33021**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1083889**

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

**GOTTLIEB, IRWIN  
3860 N. 42ND TERRACE  
HOLLYWOOD FL 33021**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **GOTTLIEB, IRWIN**  
STREET ADDRESS **3860 N. 42ND TERRACE**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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:

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

**6/1/07**  
Date

**954 914 059**  
Daytime Phone #

CR2E034 (10/02)

Attachment LO# P00000080657  
Emes Consulting Services, Inc.  
3860 North 42nd Terrace  
Hollywood, Florida 33021 90139528

To Whom It May Concern:


ENCLOSED PLEASE FIND MY CHECK FOR 150.00 FOR THE RENEWAL OF MY CORPORATION.

IT IS LATE BECAUSE I NEVER RECEIVED THE ORIGINAL RENEWAL FORM AND I HAD TO CALL FOR A COPY WHEN MY ACCOUNTANT ASKED ME IF I HAD FILED THE REPORT PRIOR TO MAY 1. I IMMEDIATELY CALLED TALLAHASSEE AND ASKED FOR A NEW FORM WHICH I JUST RECEIVED A FEW DAYS AGO.

WHEN I CALLED THE PERSON I SPOKE TO SAID THAT THE LATE FEE WOULD BE WAIVED AS I HAD NOT RECEIVED THE REGULAR RENEWAL FORM IN A TIMELY FASHION...

THANK YOU.

VERY TRULY YOURS,

  
IRWIN GOTTLIEB, PRES  
EMES CONSULTING SERVICES INC  
FEI # 65-1083889