

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

FILED

02 DEC -3 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000085674

1. Entity Name **EMEK, INC.**
11159 NW 39th St Apt. 103
SUNRISE, FL. 33351

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11159 NW 39th St.

3. Mailing Address

Suite, Apt. #, etc.
APT. 103

Suite, Apt. #, etc.

City & State
SUNRISE, FL

City & State

Zip **33351** Country **BROWARD**

Zip Country

4. FEI Number
In PROCESS

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **KARLA DE LA VEGA**

Street Address (P.O. Box Number is Not Acceptable)
11159 NW 39th St
APT. 103

City **SUNRISE** **FL** Zip Code **33351**

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 _____ (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 **PRESIDENT - DIRECTOR**
NAME **ELENA QUESADA**
STREET ADDRESS **11159 NW 39th St, Apt. #103**
CITY-ST-ZIP **SUNRISE, FL. 33151**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800009325688
12/03/02--01075--006 **150.00

TITLE **DIRECTOR**
NAME **MA CRISTINA QUESADA**
STREET ADDRESS **11159 NW 39th St. Apt. #103**
CITY-ST-ZIP **SUNRISE, FL 33151**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
12/5

TITLE **DIRECTOR**
NAME **ERIKA DE LA VEGA**
STREET ADDRESS **11159 NW 39th St. Apt. #103**
CITY-ST-ZIP **SUNRISE, FL. 33151**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DO NOT WRITE
IN THIS SPACE**

TITLE **VICE - PRESIDENT - DIRECTOR**
NAME **KARLA DE LA VEGA**
STREET ADDRESS **11159 NW 39th St. Apt. #103**
CITY-ST-ZIP **SUNRISE, FL. 33151**

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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 empowerments.

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

Date **8/17/02** Daytime Phone # **(954) 7484504**

CR2E034B (12/01)

Emek, Inc.
11159 NW 39th Street – Apt.103
Sunrise, Florida 33351
Phone: (954) 748-4504

August 17, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500


To Whom It May Concern:

We are sending our 2002 Uniform Business Report Late, because we moved from our previous address and we never received your notification to be able to file it on time.

Please wave your late payment penalty fee this time, since our payment has been unintentionally late.

Thank you for your cooperation in this matter.

Best regards,



Karla de la Vega
Vice President

Cc: File