FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

- 02 DEC - 3 PM 3: 44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P000000 85674	
1. Entity Name EMEK, INC. 11159 NW 3955+ Apt.	
11159 NW 3955 St Apt.	103
SUNRISE, FL. 33351	

DO NOT	WRITE	IN THIS	SPACE
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DO NOT WRITE IN THIS SPACE			1/15	LA DE LA VE PO Box Number is Not Acceptable) 9 XXXXIII	61 51	9 		
					7. Name and Address of Current Re	gister	ed Agent	ì
Zip 33351	Country BROWARD	Zip	Cour	ntry	5. Certificate of Status Desired		\$8.7 5 Fee Re	5 Additional equired
City & State よいん RIS &	FL	City & State			4. FEI Number To Process			Applied I Not Appl
Suite, Apt. #, etc.	pt. 103	Suite, Apt. #, etc.			DO NOT WRITE I	N THI	S SPACE	
	N 39th St.	3. Mailing Address		,				

	and the second second				
· · · · · · · · · · · · · · · · · · ·					
The above period entity ou	hmita thia atataman	t for the purpose of chapt	ring its registers	ad office or registered agent, or h	noth in the State of Elevide

9. This corporation is eligible to satisfy its Intangible
Tax filling requirement and elects to do so.
(See criteria on back)

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE

January 1 - May 1 Fee is \$150.00

(NOTE: Registered Agent signature required when reinstating)

After May 1, Fee is \$550.00 Amended UBR is \$61.25 **10.** Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code **333**5

DATE

olied For Applicable

(See chief	na on back)	Make Check Payable to Depar	rtment of State			ł
11.	OFFICERS AND DIF					1.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PREFIDENT - DIRECTUR ELENA QUESADA HISANW 39+# ST SUNRISE, FI. 831		DRESS	80000 93 2/03/020107\$	32 5688 006 **150.0	00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Mª CRISTINA QUES 11159 NW 3945 ST. SUNRISE, FL 331	404 MAME 404 . #103 STREET AD	W. 1 I.	2\5		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR ERIKA DE LA VEGA IIISA NW 39 th St. SUNRISE, FL 33151	Apt 4103. STREET AD CITY-ST-2	A	DO NOT	WRITE**	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT- D KARLA DE LA VEGA 11159 NW 39 14 St. SUURISE FL. 33151	Apt. 4103 STREET AD		IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET AD CITY-ST-Z		•	. , . ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET AD CITY-ST-Z				

^{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 experience 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 of 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 life empowered.

SIGNATURE: 1

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/02

(954) 7484504

Daytime Phone #

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.

Vice President

Cc: File

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