

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 26, 2003 8:00 am  
Secretary of State

02-26-2003 90138 023 \*\*\*150.00

DOCUMENT # P00000085674

1. Entity Name  
EME, INC.



Principal Place of Business  
11159 NW 39TH ST  
APT 103  
SUNRISE FL 33351

Mailing Address  
11159 NW 39TH ST  
APT 103  
SUNRISE FL 33351

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-2461117 Applied For Not Applicable

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

DE LA VEGA, KARLA  
11159 NW 39TH ST  
APT 103  
SUNRISE FL 33351

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]* (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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	QUESADA, ELENA		
11159 NW 39TH ST, APT #103	11159 NW 39TH ST, APT #103		
SUNRISE FL 33351	SUNRISE FL 33351		
DV	DE LA VEGA, KARLA		
11159 NW 39TH ST, APT #103	11159 NW 39TH ST, APT #103		
SUNRISE FL 33351	SUNRISE FL 33351		
D	QUESADA, MACRISTINA		
11159 NW 39TH ST, APT #103	11159 NW 39TH ST, APT #103		
SUNRISE FL 33351	SUNRISE FL 33351		
D	DE LA VEGA, ERIKA		
11159 NW 39TH ST, APT #103	11159 NW 39TH ST, APT #103		
SUNRISE FL 33351	SUNRISE FL 33351		

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

02/09/03 (954) 7484504  
Date Daytime Phone #

CR2E034 (10/02)