

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

FILED

02 JUL 29 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000090646

1. Entity Name

Grupo EMB, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1800 Collins Ave

Suite, Apt. #, etc.

3. Mailing Address

"Same"

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

2002 UBR

4. FEI Number 65-1043508

Applied For

Not Applicable

Zip 33139

Country

Dade

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Eric Barahona

Street Address (P.O. Box Number is Not Acceptable)

9197 Fountainbleau Blvd #3

City

Miami

FL

33172

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

Eric Barahona

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

(NOTE: Registered Agent's 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 NAME Barahona, Eric. (President)
STREET ADDRESS 9197 Fountainbleau Blvd #3
CITY-ST-ZIP Miami, FL 33172

TITLE NAME
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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 on an attachment with an address, with all other like empowered

SIGNATURE:

Eric Barahona

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR200348 (12/01)

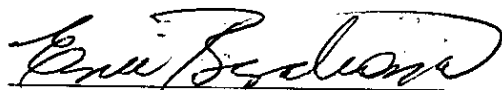
202

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **GRUPO EMB, INC.**

Thank you for your courtesy in this matter.



ERIC BARAHONA
PRESIDENT