

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000092692

1. Entity Name

EMS PERFORMANCE RIGGING SPECIALISTS, INC.

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90086 050 ***150.00

Principal Place of Business

2600 NE 5TH AVENUE
POMPANO BEACH FL 33064

Mailing Address

2600 NE 5TH AVENUE
POMPANO BEACH FL 33064



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7664 NW 180 TERR
Suite, Apt. #, etc.
MIAMI FL. 33015
City & State

3. Mailing Address

7664 NW 180 TERR
Suite, Apt. #, etc.
MIAMI FL. 33015
City & State

4. FEI Number

65-1044299

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMOEDO, EDUARDO
2600 NE 5TH AVENUE
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name AMOEDO, EDUARDO
Street Address (P.O. Box Number is Not Acceptable)
7664 NW 180 TERR
City MIAMI FL Zip Code 33015

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

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

(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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST
NAME AMOEDO, EDUARDO
STREET ADDRESS 2600 NE 5TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE AMOEDO, EDUARDO
NAME AMOEDO, EDUARDO
STREET ADDRESS 7664 NW 180 TERR
CITY-ST-ZIP MIAMI FL. 33015

TITLE D
NAME AMOEDO, EDUARDO
STREET ADDRESS 2600 NE 5TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE AMOEDO, EDUARDO
NAME AMOEDO, EDUARDO
STREET ADDRESS 7664 NW 180 TERR
CITY-ST-ZIP MIAMI FL. 33015

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)