

8/4

08-06-2002 90134 018 ***150.00

41686

Principal Place of Business	Mailing Address
702 FLORA LINDA DRIVE	702 FLORA LINDA DRIVE
MELBOURNE, FL 32940	MELBOURNE, FL 32940

2. Principal Place of Business <u>1844 POST RD</u> Suite, Apt. #, etc.	3. Mailing Address <u>1844 POST RD</u> Suite, Apt. #, etc.
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City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3706094		Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
EL-GABALAWI, EUGENIE
702 FLORA LINDA DRIVE
MELBOURNE FL 32940

7. Name and Address of New Registered Agent		
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]
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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

[illegible][illegible]

CR2E034 (4/02)

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

Attachment

41686

BOUVIER & ASSOCIATES
CERTIFIED PUBLIC ACCOUNTANTS

PO1000012600

3210 N. Wickham Road, Suite 5 • Melbourne, Florida 32935
Tel. 321/ 752-9967 • Fax 321/ 752-9927

July 31, 2002

Florida Department of State
Division of Corporations
~~P.O. Box 6327~~
Tallahassee, FL 32314

To Whom It May Concern:

RE: Emilio's Inc,

Our client, Emilio's, Inc., did not receive the original 2002 Uniform Business Report.
The enclosed UBR is the only one they have received.

Enclosed, please find the signed report and the \$150.00 fee. We are asking that the fee be
reduced to the original amount owed due to the fact that the first UBR was not received.

If you need any further information, please don't hesitate to call.

Thank you,



William Lytle