FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02103

FILED

03 FEB 18 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000021644

1. Entity Name

E-MB INFORMATION SYSTEM CORP.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10970 CAMERON CT.	10970 CAMERON CT.
Suite, Apt. #, etc. 101	Suite, Apt. #, etc. 101
City & State DAVIE, FL	City & State DAVIE, FL
Zip 33324 Country USA	Zip 33324 Country USA

4. FEI Number 65-1081173 ☐ Applied For ☐ Not Applicable

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: EDUARDO BLUMENFELD

Street Address (P.O. Box Number is Not Acceptable): 10970 CAMERON CT., STE. 101

City: DAVIE **FL** Zip Code: 33324

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: EB EDUARDO BLUMENFELD 2/10/2003

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	P
NAME	EDUARDO BLUMENFELD
STREET ADDRESS	10970 CAMERON CT., STE. 101
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	VP
NAME	MONICA BARBOSCH
STREET ADDRESS	10970 CAMERON CT., STE. 101
CITY-ST-ZIP	DAVIE, FL 33324
TITLE	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: EB EDUARDO BLUMENFELD 2/10/2003 954-382-9882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

E-MB Information System Corp.
10970 Cameron Ct., Ste. 101
Davie, FL 33324

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: P01000021644

To Whom It May Concern:

It has just come to my attention that my company has been dissolved for not filing its 2002 Uniform Business Report.

My address has changed and I never received my renewal documents.

Enclosed is a blank report that I have filled out along with a check for the applicable fees for this and last year.

Please reinstate my company and update my information.

Thank you,

Eduardo Blumenfeld
President