

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000021644

1. Entity Name

E-MB INFORMATION SYSTEM CORP.



FILED

03 FEB 18 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10970 CAMERON CT.

3. Mailing Address

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

**DO NOT WRITE
IN THIS SPACE**

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]

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 NAME STREET ADDRESS CITY-ST-ZIP	P EDUARDO BLUMENFELD 10970 CAMERON CT., STE. 101 DAVIE, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONICA BARBOSCH 10970 CAMERON CT., STE. 101 DAVIE, FL 33324	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400012603774 02/18/03--01017--003 **300.00
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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:

[Signature]

EDUARDO BLUMENFELD

2/10/2003

954-382-9882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

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:

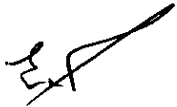
It has just come to my attention that my company has been dissolved for not filing its 2002 Uniform Business Report.

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