

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90121 049 ***150.00

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DOCUMENT # P01000063681

1. Entity Name
EMESEME ENTERPRISES, CORP.



Principal Place of Business
21205 NE 37 AVE #3107
AVENTURA FL 33180

Mailing Address
21205 NE 37 AVE #3107
AVENTURA FL 33180

2. Principal Place of Business
16919 North Bay Rd.

3. Mailing Address
16919 North Bay Rd.

Suite, Apt. #, etc.
#1018

Suite, Apt. #, etc.
#1018

City & State
Sunny Isles Beach, Fla.

City & State
Sunny Isles Beach, Fla.

4. FEI Number **65-1117528**

Applied For
Not Applicable

Zip **33160**
Country **USA**

Zip **33160**
Country **USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUINTERO, SYLVIA
801 BRICKELL AVE 9TH FLOOR
MIAMI FL 33180

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ **Delete**
NAME **SZARF, MOISES**
STREET ADDRESS **21205 NE 37 AVE #3107**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ **Delete**
NAME **VILLARUEL, EDGARDO**
STREET ADDRESS **21205 NE 37 AVE #3107**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ **Delete**
NAME **JINKUS, DIEGO**
STREET ADDRESS **21205 NE 37 AVE #3107**
CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 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

04/14/03

305-944-99-53

Date

Daytime Phone #

CR2E034 (10/02)