

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90049 047 ***550.00

DOCUMENT # P01000070718

1. Entity Name
GARAGE EMMANUEL, INC.

Principal Place of Business

18272 NW 7TH STREET
 PEMBROKE PINES FL 33029

Mailing Address

18272 NW 7TH STREET
 PEMBROKE PINES FL 33029

2. Principal Place of Business

5818 S.W 25th St, Bay

3. Mailing Address

5818 S.W 25th St, Bay

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City & State

Hollywood FL

City & State

Hollywood FL

Zip

Country

33023 US

Zip

Country

33023 US

4. FEI Number

65-1142935

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

TAYLOR, MICHAEL
 17334 NW 62ND COURT
 HIALEAH FL 33015

7. Name and Address of New Registered Agent

Name

Bernard H. Bryant

Street Address (P.O. Box Number is Not Acceptable)

847 N.W 119 St. Ste #204

City

Miami FL

FL

Zip Code 33168

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

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
 NAME BROWN, LESLIE
 STREET ADDRESS 18272 NW 7TH STREET
 CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/28/02

Date

Daytime Phone #

CR2E034 (4/02)