

2002 UNIFORM BUSINESS REPORT (UBR)

8/5

FILED
Aug 21, 2002 8:00 am
Secretary of State

08-05-2002 90001 014 ***550.00

DOCUMENT # P01000076835

1. Entity Name

E MARKETING SERVICES, INC.

Principal Place of Business

5200 NORTH FEDERAL HIGHWAY
 SUITE 2-1231
 FORT LAUDERDALE FL 33308

Mailing Address

5200 NORTH FEDERAL HIGHWAY
 SUITE 2-1231
 FORT LAUDERDALE FL 33308

41872



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65 1126787

Applied For

Not Applicable

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

SPIEGEL & UTRERA, P.A.

1840 SOUTHWEST 22ND STREET
 4TH FLOOR
 MIAMI FL 33145

Name

Hale M. Camerman

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

5200 N. Federal Hwy # 2-1231

City

Fort Lauderdale

FL

Zip Code

33308

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.

SIGNATURE **Hale M. Camerman**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Hale M. Camerman 8-19-02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CAMERMAN, HALE M 5200 NORTH FEDERAL HIGHWAY SUITE 2-1231 FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Hale M. Camerman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-27-2002 561-452 8791

Date

Daytime Phone #

CR2E034 (9/01)