

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90056 039 ***150.00

DOCUMENT # P01000097115

1. Entity Name
THE EMELIO GROUP, INC.

Principal Place of Business

**2701 SW LEJEUNE ROAD STE 401
 CORAL GABLES FL 33067**

Mailing Address

**2701 SW LEJEUNE ROAD STE 401
 CORAL GABLES FL 33067**

2. Principal Place of Business

**4900 CHARDONNAY DRIVE
 Suite, Apt. #, etc.**

3. Mailing Address

**4900 CHARDONNAY DRIVE
 Suite, Apt. #, etc.**

City & State
CORAL SPRINGS FL

City & State
CORAL SPRINGS, FL

4. FEI Number
65-1143061

Applied For

Not Applicable

Zip
33067

Country
U.S.

Zip
33067

Country
U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PUJOLS, JOSE R
 2701 SW LEJEUNE ROAD STE 401
 CORAL GABLES FL 33067**

7. Name and Address of New Registered Agent

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.

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 \$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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **EMELIO, RICHARD**
 CITY-ST-ZIP **4900 CHARDONNAY DRIVE
 CORAL SPRINGS FL 33067**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **EMELIO, EVANGELIA**
 CITY-ST-ZIP **4900 CHARDONNAY DRIVE
 CORAL SPRINGS FL 33067**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 CITY-ST-ZIP

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 **D/P/S**
 STREET ADDRESS **EMELIO, RICHARD**
 CITY-ST-ZIP **4900 CHARDONNAY DRIVE
 CORAL SPRINGS, FL 33067**

TITLE ☒ Change ☐ Addition
 NAME **D/VP/T**
 STREET ADDRESS **EMELIO, EVANGELIA**
 CITY-ST-ZIP **4900 CHARDONNAY DRIVE
 CORAL SPRINGS, FL 33067**

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

TITLE ☐ Change ☐ Addition
 NAME
 CITY-ST-ZIP

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

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:

Richard Emelio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02

Date

954-224-2181

Daytime Phone #

CR2E034 (9/01)