

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P010000104489

1. Entity Name

E-M-G. COM INC

FILED

02 SEP -4 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

240 SW 32 CT

3. Mailing Address

240 SW 32 CT

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE

4. FEI Number

65-1151046

Applied For

Not Applicable

Zip

33315

Country

USA

Zip

33315

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

ELI HALAVA

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

240 SW 32 CT

City

FT. LAUDERDALE

FL

Zip Code

33315

**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.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

8/31/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DIRECTOR	ELI HALAVA	240 SW 32 CT	FT. LAUDERDALE FL 33315
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DIRECTOR	IRENEUSZ GREJMAN	240 SW 32 CT	FT. LAUDERDALE FL 33315
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/31/02 (954) 760-4440

CR2E034B (12/01)