

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90187 001 \*\*\*150.00

**DOCUMENT # P01000106427**

1. Entity Name

EMMANU-EL CONSULTING, INC.

Principal Place of Business

5371 NW 33RD AVE., STE. 204  
 FT. LAUDERDALE FL 33309

Mailing Address

5371 NW 33RD AVE., STE. 204  
 FT. LAUDERDALE FL 33309

2. Principal Place of Business

3. Mailing Address

1750 N Florida Mango Rd  
 Suite, Apt. #, etc. 105  
 City & State West Palm Beach, FL

1750 N Florida Mango Rd  
 Suite, Apt. #, etc. 105  
 City & State West Palm Beach, FL



DO NOT WRITE IN THIS SPACE

City & State West Palm Beach, FL

City & State West Palm Beach, FL

4. FEI Number

65 115 8968

Applied For

Not Applicable

Zip 33409

Country USA

Zip 33409

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

ANDRE', MARY-ANN P  
 5371 NW 33RD AVE., STE. 204  
 FT. LAUDERDALE FL 33309

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRE', MARY-ANN P 5371 NW 33RD AVE., STE. 204 FT. LAUDERDALE FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04.08.02 561  
 242-4863

CR2E034 (9/01)