

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2003 8:00 am
Secretary of State

09-02-2003 90189 036 ***150.00

DOCUMENT # P02000016570

1. Entity Name
EMCEE MANAGEMENT, INC.



Principal Place of Business
**7800 SW 87TH AVE #C300
MIAMI FL 33173**

Mailing Address
~~7800 SW 87TH AVE #C300~~
MIAMI FL 33173

**7000 SW 97 AVE, # 208
MIAMI, FL 33173**

55056697

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

7000 SW 97 AVE

208

MIAMI, FL

33173

USA

☒ **Address**
CHECK HERE IF MAKING CHANGES

4. FEI Number

32-0002443

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

**MEYERSON, STEVEN J MD
7800 SW 87TH AVE #C300
MIAMI FL 33173**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D MEYERSON, STEVEN J MD
7800 SW 87TH AVE #C300
MIAMI FL 33173** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D CARIDE, A. RUBEN
7800 SW 87TH AVE #C300
MIAMI FL 33173** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

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☐ Delete

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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY - ST - ZIP
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/03

Date

(205) 595-8333

Daytime Phone #

09/10/03

(205) 595-8333

CR2E034 (4/03)

Attachment

55054697
[REDACTED]
P02000016570

Emcee Management, Inc.
7800 SW 87th Ave, Suite C-300
Miami, FL 33173
(305) 595-8333
(305) 595-4236 (fax)

August 20, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Corporate Filing Late Fee
P02000016570

Dear Sirs;

I received for the (first) time the Corporate Filing Request form for Emcee Management, Inc along with a late fee of \$ 400.00. Since I had not received prior notice, I request that the late fee of \$400.00 be waived.

I am enclosing a check in the amount of \$150.00 to cover the (regular) Corporate Filing Fee.

Respectfully,



A. Ruben Carde, M.D., P.A.
(Director)