03

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 FEB 26 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000031799

1. Entity Name

EMY, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11900 Biscayne Blvd	11900 Biscayne BVD
Suite, Apt. #, etc. 290	Suite, Apt. #, etc. 290
N Miami, FL	N Miami, FL
Zip 33181 Country USA	Zip 33181 Country USA

4. FEI Number 02-0570449 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Azulay, Eyal

Street Address (P.O. Box Number Not Acceptable): 11900 Biscayne Blvd Suite 290

City: N Miami FL Zip Code: 33181

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when combining)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 PRST NAME Azulay, Eyal STREET ADDRESS 11900 Biscayne Blvd Ste 290 CITY-ST-ZIP N Miami, FL, 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP 400013140754 02/26/03--01055--010 **150.00
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: EYAL AZULAY Eyal Azulay Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

jr 2/27