

FILED  
Sep 10, 2003 8:00 am  
Secretary of State

09-10-2003 90054 019 \*\*\*150.00

Serv

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000051719</b>			
1. Entity Name <b>EMAUS GARDEN &amp; MAINTENANCE INC.</b>			
Principal Place of Business <b>ALAN DRIA 2811 S.W. 142ND CT. MIAMI, FL 33175</b>		Mailing Address <b>P.O. BOX 6515 18 MIAMI, FL 33265-1518</b>	
2. Principal Place of Business <i>same</i>		3. Mailing Address <i>same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>02-0597600</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ORIA, ALAN 2811 S.W. 142ND CT. MIAMI, FL 33175</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent's signature required when withdrawing)			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS	P.O. BOX 6515 18		
CITY-ST-ZIP	MIAMI, FL 332651518		
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	
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TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Delete	
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 another like empowered.			
SIGNATURE: _____			

CR2EC04 (10/02)

Sept 8, 2003 187395-2007

attachment

801416882  
#P020000051719



**Emaus Gardens and Maintenance**

Alan Oria  
PO Box 651518  
Miami, FL 33265-1518  
786-395-2007 Office  
305-596-7129 Fax

September 8, 2003

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

Re: Waiver of \$400.00 Fee

Dear Sir or Madam:

I am requesting a waiver of the \$400.00 fee for the filing of the UBR. I did not receive the form and was not aware that I had to file this yearly. This is my first year filing for a corporation. I was informed by your department this needs to be filed before September 10, to be considered.

Please consider my request. I am enclosing a check for \$150.00 for the Filing. I can also be reached at the above numbers.

Sincerely,

Alan Oria

attachments