

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-17-2003 90041 030 ***158.75

DOCUMENT # P02000086539

1. Entity Name
EMILY CANDIES CORP.



Principal Place of Business
**10848 N.W. 40 STREET
SUNRISE FL 33351**

Mailing Address
**10848 N.W. 40 STREET
SUNRISE FL 33351**



2. Principal Place of Business
12005 SW 15th STREET

3. Mailing Address
12005 SW 15th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PEMBROKE PINES FL

City & State
PEMBROKE PINES FL

4. FEI Number
33-1017463

Applied For
☐ Not Applicable

Zip Country
33025 USA

Zip Country
33025 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

**NIETO, JUAN P
10848 N.W. 40 STREET
SUNRISE FL 33351**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
NIETO, JUAN P
10848 N.W. 40 STREET
SUNRISE FL 33351** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
NIETO, JUAN P
12005 SW 15th STREET
PEMBROKE PINES FL 33025** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
NIETO, WILLIAM
10848 N.W. 40 STREET
SUNRISE FL 33351** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
ALVAREZ, ANGELA
12005 SW 15th STREET
PEMBROKE PINES FL 33025** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
ALVAREZ, ANGELA
10848 N.W. 40 STREET
SUNRISE FL 33351** ☐ Delete

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

TITLE
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☐ 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

1/16/03 (954) 257 8532

Date

Daytime Phone #

CR2E034 (10/02)