2001 UNIFORM BUSINESS REPORT (UBR)							
DOCUMENT # P9400043474 1. Entity Name EMERSON PROFESSIONS & True **THE CONTROL OF THE CONTROL				FILED SLORETARY OF STATE HYISION OF CORPORATIONS			
Principal Place of Busines Per CESSION & Sur Star 701 W. Cypress Crack Rd 01 NOV 19 PM 2:25 EMERSON PROFESSION & Star 701 W. Cypress Crack Rd 01 NOV 19 PM 2:25 Sur the 200 Ft. Laudendale Ft.							
2. Principal Place of Business 3. Mailing Address Same			3330G			<i>:</i>	
•		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE .		
City & State		City & State		4. FEI Number 6 4	97021	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status De	esired - \$8.7	5 Additional equired	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANNE PINKES Street Address (P.O. Box Number is Not Acceptable)							
	Same		70/1 City F4-	70/W Cappess Creekfd Ste 200 City Ff- Labdedale FL Zip Sode 309			
8. The above named entity subnits this statement for the pyrpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature yped or printed name of registered agent and title if applicable. (NOTE registered Agent signature required when reinstating) DATE							
			! FEE IS \$150.00 It Fee will be \$550.0 e to Department of S		· · · ·	\$5.00 May Be Added to Fees	
11.	OFFICERS AND DIF	RECTORS Delete	12.	ADDITIONS/CHANGES 1	TO OFFICERS AND DIREC		
NAME STREET ADDRESS CITY-ST-ZIP	ANNE PINKES COR	er Ad Ste 200	NAME STREET ADDRESS			111	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP) ,	☐ Cha	ange 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 of 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:							

Date

Daytime Phone #





August 31, 2001

To Whom It May Concern:

We relocated our office and we are finding that a lot of our mail has not been forwarded. I have called many places to make sure that all our licenses and other things are up to date, and have come to know that our Uniform Business Report was not filed. They—informed me to just send the fee amount with a letter of explanation, and this will be taken care of.

Registered Agent- Anne Pinhas

President- Anne Pinhas

Officer- Rhoda Warren

P94000043474

The FEI number is 65-0497021 Entity Name- Emerson Professionals, Inc.

New Address-

701 W. Cypress Creek Rd. Suite 200

Ft. Lauderdale, FL. 33309

Old Address-

1499 W. Palmetto Park Road Suite 220

Boca Raton, FL 33486

Please make the necessary address change.

Thank you very much,

Anne Pinhas, CPC

President

Rhoda Warren, CPC