

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000077096

1. Entity Name

Emira Inc.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90004 014 ***150.00

Principal Place of Business

Mailing Address

659038

2. Principal Place of Business

420 NE 12 Ave

3. Mailing Address

4501 West McNab Road

Suite, Apt. #, etc.

#205

Suite, Apt. #, etc.

#28

DO NOT WRITE IN THIS SPACE

City & State

Hallandale, Florida

City & State

Pompano Beach, Florida

4. FEI Number

05-0528888

Applied For

Not Applicable

Zip

33009

Country

U.S.A.

Zip

33069

Country

U.S.A.

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

Name

Mijne Eleonora

Street Address (P.O. Box Number is Not Acceptable)

4501 West McNab Rd. #28

City

Pompano Beach

FL

Zip Code

33069

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.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/30/2001

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☒ Change ☐ Addition

P. Mijne, Eleonora
4501 West McNab Rd. #28
Pompano Beach, FL 33069

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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 or 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2001

DATE

Signature Required

CR2034 (11/00)