

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000021397

1. Entity Name

EME CONNECTION, INC.

FILED

May 17, 2000 8:00 am  
Secretary of State

05-17-2000 90871 019 \*\*\*150.00

Principal Place of Business	Mailing Address
12973 SW 112 TH ST #156 MIAMI FL 33186 US	12973 SW 112 TH ST #156 MIAMI FL 33186-4768 US

2. Principal Place of Business	3. Mailing Address
17000 NW 67TH AVE Suite, Apt. #, etc. #125	P.O. BOX 570792 Suite, Apt. #, etc.

City & State	City & State
MIAMI, FL	MIAMI, FL
Zip	Zip
33015	33257-0792
Country	Country
US	US



DO NOT WRITE IN THIS SPACE

4. FEI Number	65-0561070	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
PRYOR, MARY E 12973 SW 112TH ST. 17000 NW 67TH AVE #125 #156 MIAMI FL 33186 MIAMI, FL 33015

7. Name and Address of New Registered Agent
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.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 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	
TITLE	D <input type="checkbox"/> Delete
NAME	PRYOR, MARY E
STREET ADDRESS	12973 SW 112TH ST #156 17000 NW 67TH AVE #125
CITY-ST-ZIP	MIAMI FL 33186 33015
TITLE	D <input type="checkbox"/> Delete
NAME	EDWARDS, PATRICIA
STREET ADDRESS	17000 NW 67TH AVE STE 125
CITY-ST-ZIP	MIAMI FL 33015
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Mary Ellen Pryor 4/27/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)