

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90001 019 \*\*\*150.00

**DOCUMENT # P95000027842**

1. Entity Name  
**EMMALU ENTERPRISES INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
 6928 COUNTY ROAD      4945 DOE BRANCH LANE  
 SE BRINERD MN 56401      WEIRSDALE FL 32195-0099  
 US      US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      P.O. Box 99  
 Suite, Apt. #, etc.

City & State      City & State  
 Weirsdale Fl.

Zip      Country      Zip      Country  
 32195 FL      US

4. FEI Number      **NOT APPLICABLE**      Applied For  
 Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**TASSE, PIERRETTE**  
**4945 DOE BRANCH LANE**  
**WEIRSDALE FL 32195**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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	<input type="checkbox"/> Delete
NAME	<b>P TASSE, PIERRETTE</b>
STREET ADDRESS	<b>4945 DOE BRANCH LANE</b>
CITY-ST-ZIP	<b>WEIRSDALE FL 32195</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>S HABERMAN, LEWIS</b>
STREET ADDRESS	<b>6928 COUNTY R 8, S.E.</b>
CITY-ST-ZIP	<b>BRINERD NM 56401</b>
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: *[Signature]*      **352-50-570**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date: **2-2-00**      Daytime Phone #