

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90047 028 ***150.00

025258 AN

DOCUMENT # P95000069241

1. Entity Name

E.M. CAPTAIN, INC.

Principal Place of Business

**2555 COLLINS AVE.
C-2
MIAMI FL 33140**

Mailing Address

**2555 COLLINS AVE.
C-2
MIAMI FL 33140**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0609768

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MONTESINO, ERNESTO
2555 COLLINS AVE.
C-2
MIAMI FL 33140**

Name

LUISA MONTESINO

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

2555 Collins Ave #1512

Miami Beach FL

Zip Code

33140

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

LUISA MONTESINO

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

Juan Montesino

(NOTE: Registered Agent signature required when reinstating)

4/11/02

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, 2002 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	PD	<input checked="" type="checkbox"/> Delete
NAME	MONTESINO, ERNESTO	
STREET ADDRESS	2555 COLLINS AVE., #C2	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MONTESINO, LUISA	
STREET ADDRESS	2555 COLLINS AVE #C2	
CITY-ST-ZIP	MIAMI FL 33140	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA DEL CARMEN NOBA	
STREET ADDRESS	2555 Collins Ave #C2	
CITY-ST-ZIP	MIAMI BEACH, FLA 33140	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARIDAD ORTEGA	
STREET ADDRESS	2555 COLLINS AVE #1206	
CITY-ST-ZIP	MIAMI BEACH, FLA 33140	
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:

Juan Montesino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/11/02 305-673-8048

Daytime Phone #

CR2E034 (9/01)