

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 18, 2001 08:00 AM
Secretary of State

DOCUMENT # P95000083271

1. Entity Name
E-MARKET, INCORPORATED

Principal Place of Business 1440 J F KENNEDY CSWY 429 MIAMI 33141 US	FL	Mailing Address 1440 J F KENNEDY CSWY 429 MIAMI 33141 US	FL
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2. Principal Place of Business 1402 J F KENNEDY CSWY	3. Mailing Address 1402 J F KENNEDY CSWY
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
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Zip 33141	Country US	Zip 33141	Country US
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4. FEI Number 65-0630256	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MEYERS DOUGLAS I
1440 J. F. KENNEDY CSWY #429
APT A
MIAMI FL
33141 US

7. Name and Address of New Registered Agent

Name
MEYERS DOUGLAS I
 Street Address (P.O. Box Number is Not Acceptable)
1402 J. F. KENNEDY CSWY
 City
MIAMI FL Zip Code
33141

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 _____ **04/18/2001**
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, 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			
TITLE	ST	<input type="checkbox"/> Delete	
NAME	MCDANIEL ALICE P		
STREET ADDRESS	1440 JF KENNEDY CSWY #429		
CITY-ST-ZIP	MIAMI FL 33141		
TITLE	VD	<input type="checkbox"/> Delete	
NAME	MEYERS DOUGLAS I		
STREET ADDRESS	1440 JF KENNEDY CSWY #429		
CITY-ST-ZIP	MIAMI FL 33141		
TITLE	PD	<input type="checkbox"/> Delete	
NAME	MCDANIEL ALLEN W		
STREET ADDRESS	1440 JF KENNEDY CSWY #429		
CITY-ST-ZIP	MIAMI FL 33141		
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	ST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDANIEL ALICE P		
STREET ADDRESS	1402 JF KENNEDY CSWY		
CITY-ST-ZIP	MIAMI FL 33141		
TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEYERS DOUGLAS I		
STREET ADDRESS	1402 JF KENNEDY CSWY		
CITY-ST-ZIP	MIAMI FL 33141		
TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCDANIEL ALLEN W		
STREET ADDRESS	1402 JF KENNEDY CSWY		
CITY-ST-ZIP	MIAMI FL 33141		
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: Allen W. McDaniel **P** **04/18/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)