

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075006

1. Entity Name

EMOBILARI, INC.

Principal Place of Business

15476 N.W. 77TH COURT
SUITE 225
MIAMI LAKES FL 33016

Mailing Address

15476 N.W. 77TH COURT
SUITE 225
MIAMI LAKES FL 33016-5823

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

15476 NW 77th COURT

225

MIAMI LAKES, FL

33016

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ-BALBOA, MARCOS A
757 NW 27 AVE
MIAMI FL 33125

Name (SAME) GONZALEZ-BALBOA, MARCOS A.
Street Address (P.O. Box Number is Not Acceptable)
2151 SO. Lejeune ROAD
Suite 200
City Coral Gables FL Zip Code 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LORENZO, LILLIANNE	
STREET ADDRESS	15476 NW 77TH CT #185	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Lillianne Lorenzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/06/00
Date

(954) 522-8687
Daytime Phone #

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90087 023 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)