## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **P96000079171** Mar 24, 2000 8:00 am 1. Entity Name Secretary of State **EMIT WORLDWIDE CORPORATION** 03-24-2000 90102 044 \*\*\*150.00 Principal Place of Business Mailing Address 6301 NW 5TH WAY 6301 NW 5TH WAY STE 1400 STE 1400 FORT LAUDERDALE FL 33335 FORT LAUDERDALE FL 33309-6139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0788800 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARDS, GRANT Street Address (P.O. Box Number is Not Acceptable) 6301 NW 5TH WAY **SUITE 1400** FORT LAUDERDALE FL 33309 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLF ☐ Change RICHARDS, GRANT NAME NAME STREET ADDRESS POST OFFICE BOX 21364 N/A STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33335 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE VAUGHN, C. ELLIS STREET ADDRESS 6301"NW"5TH"WAY"SUITE"1400 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP Delete TITLE ☐ Change Addition HEATH, WILLIAM P III NAME NAME 511 BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33316 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition TRUDYEVEN RICHARDS NAME NAME 5883 BARTRAM STREET STREET ADDRESS STREET ADDRESS BOCA RATION, FL 33433 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NABIL EL SANADI NAME NAME 6301 NW 5th WAY SLITE 1400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, PL 33309 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ANDREW G. BING NAME NAME 6844 NW-28TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 📆 CITY-ST-7IP FT. LANDERDALE PL 33309

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

954-958-7203

Daytime Phone #