

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90189 008 ***150.00

DOCUMENT # P97000059926

1. Entity Name

THE EMERALD COAST EMPORIUM, INC.

Principal Place of Business

**2333 BRICKELL AVE STE D-1
 MIAMI FL 33129**

Mailing Address

**2333 BRICKELL AVE STE D-1
 MIAMI FL 33129**

300104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0773167

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

NORTHROP, MICHAEL K

**2333 BRICKELL AVE STE D-1
 MIAMI FL 33129**

Name

David, Mary Ann Y

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

2333 Brickell Avenue

Suite D-1

City

Miami

FL

Zip Code
33129

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

Mary Ann Y. David

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

(NOTE: Registered Agent signature required when reinstating)

4.22.2002

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **ROSEN, NORMAN S**
 STREET ADDRESS **2333 BRICKELL AVE STE D-1**
 CITY-ST- ZIP **MIAMI FL 33129**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST- ZIP

TITLE **D** ☐ Delete
 NAME **ROSEN, CLIFFORD D**
 STREET ADDRESS **2333 BRICKELL AVE STE D-1**
 CITY-ST- ZIP **MIAMI FL 33129**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST- ZIP

TITLE **D** ☐ Delete
 NAME **OLSON, RICHARD**
 STREET ADDRESS **2333 BRICKELL AVE STE D-1**
 CITY-ST- ZIP **MIAMI FL 33129**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST- ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clifford D. Rosen

4/23/02

(305) 859-4900

Date

Daytime Phone #

CR2E034 (9/01)