## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 01, 2000 8:00 am DOCUMENT # **P97000083055** Secretary of State JAY EMANUEL & ASSOCIATES INC. 03-01-2000 90026 042 \*\*\*150.00 Mailing Address Principal Place of Business 13200 SW 128TH STREET 13200 SW 128TH STREET SUITE F-2 \$1000 F-2 MIAMI FL 33186-5831 FL 33186 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0782408 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **EMANUEL, JAY** Street Address (P.O. Box Number is Not Acceptable) 13200 SW 128TH ST SUITE F-2 **MIAMI FL 33186** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. Titis 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 Added to Fees Trust Fund Contribution Make Check Payable to Department of State (See criteria on back)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITI F TITLE EMANUEL, JAY NAME 13200 SW 128TH STREET, SUITE F-2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Addition Change ☐ Delete TITI F TITLE EMANUEL, JOSEPH NAME 13200 SW 128TH STREET, SUITE F-2 STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP **MIAMI FL 33186** ☐ Change Addition ☐ Delete TITLE

NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE

13. Thereby 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 on all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2.2200

Daytime Phone #

CR2E034 (9)