

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0062948 AV

DOCUMENT # P97000104337

1. Entity Name

EMERGING MARKETS ADVISORY GROUP, CORP.



FILED

03 SEP 15 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3530 MYSTIC POINTE DR  
UNIT 2213  
AVENTURA FL 33180  
US

Mailing Address  
19495 BISCAYNE BLVD.  
SUITE 705  
AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0804692

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEGAL, YANIV  
3500 MYSTIC POINTE DR  
#2213  
AVENTURA FL 33180

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SEGAL, YANIV  
3530 MYSTIC POINTE DR #2213  
AVENTURA FL 33180 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800023192938  
09/19/03--01017--021 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SEGAL, DANA  
3530 MYSTIC POINTE DR #2213  
AVENTURA FL 33180 ☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/9/03 (305) 937-26 Daytime Phone #

CR2E034 (4/03)

Attachment

Leon Egozi, P.A.

Certified Public Accountant

# P97000104337

19495 Biscayne Boulevard, Suite 705  
Aventura, Florida 33180

Phone: (305) 937-2664  
Fax: (305) 937-0128

September 8, 2003

Uniform Business Report  
Division of Corporations  
Annual Reports Section

P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Emerging Markets Advisory Group  
EIN: 65-0804692

Dear Sir / Madam:

Included please find the corporation annual report for the above referenced taxpayer along with a check for \$150.00.

Please be advised that the controller was diagnosed with cancer and could not file the annual report.

Please process the report and abate the late penalty.

Sincerely,

  
Leon Egozi, P.A.  
Certified Public Accountants

Enclosures

cc: Yaniv Segal