

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000005990

1. Entity Name

EMARKETING ASSOCIATES, INC.

Principal Place of Business

17731 SW 18TH ST  
HOLLYWOOD FL 33029

Mailing Address

17731 SW 18TH ST  
HOLLYWOOD FL 33029-5233

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0907540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, XAVIER  
17731 SW 18TH ST  
HOLLYWOOD FL 33029

7. Name and Address of New Registered Agent

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.

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

TITLE	CIS	<input type="checkbox"/> Delete
NAME	KON, MICHAEL	
STREET ADDRESS	1031 NE 166 ST	
CITY-ST-ZIP	MIAMI FL 33162	
TITLE	M	<input type="checkbox"/> Delete
NAME	MURPHY, KAREN-LEE	
STREET ADDRESS	11781 SW 18TH ST	
CITY-ST-ZIP	HOLLYWOOD FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chief Marketing Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Suzanne Morrison	
STREET ADDRESS	9306 Ketay Circle	
CITY-ST-ZIP	Boca Raton 33428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/2000  
Date

954 438 1750  
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)