

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044642

1. Entity Name

EMERALD CAPITAL CORP.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90110 015 ***158.75

Principal Place of Business

Mailing Address

~~6330 S.W. 114 STREET~~
~~MIAMI FL 33156~~

~~6330 S.W. 114 STREET~~
~~MIAMI FL 33156 4867~~

2. Principal Place of Business

10420 S.W. 77 AVE

3. Mailing Address

10420 S.W. 77 AVE

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

Suite 202

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33156

Country

USA

Zip

33156

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0843014

Applied For

Not Applicable

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

QUINN, HUGH F

6330 S.W. 114 STREET

MIAMI FL 33156

Name

QUINN, HUGH F.

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

9400 S. DADELAND BLVD.

Suite 300

City

MIAMI

FL

Zip Code

33156

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

HUGH QUINN

(NOTE: Registered Agent signature required when reinstating)

4/27/00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME QUINN, HUGH F
 STREET ADDRESS 6330 S.W. 114 STREET
 CITY-ST-ZIP MIAMI FL 33156

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☐ Change

☐ Addition

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

4/27/00
 DATE

305)6704551
 Daytime Phone #

CR2E034 (9/99)