


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) :

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90127 046 ***158.75

DOCUMENT # P98000044642					
1. Entity Name EMERALD CAPITAL CORP.					
Principal Place of Business 10420 SW 77 AVE STE 200 MIAMI FL 33156			Mailing Address 8900 SW 117 AVE STE B-105 MIAMI FL 33186		
2. Principal Place of Business 8900 SW 117 Ave			3. Mailing Address		
Suite, Apt. #, etc. Suite B-105			Suite, Apt. #, etc.		
City & State MIAMI FL			City & State		
Zip 33186	Country	Zip	Country	4. FEI Number 65-0843014	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
QUINN, HUGH F 8900 SW 117 AVE, STE B105 MIAMI FL 33186			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 <u>H. Quinn</u> - H. Quinn			DATE <u>4/28/03</u>		
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PDS QUINN, HUGH F 8900 SW 117 AVE, STE B-105 MIAMI FL 33186	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <u>H. QUINN PRESIDENT</u>			Date <u>4/28/03</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <u>305 596.7579</u>		

C 0250 x 11/02