

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **P98000053170**

02 MAY -8 AM 10:40

1. Entity Name

Emilia G, Inc. ✓

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

95 Merrick Way

3. Mailing Address

95 Merrick Way

Suite, Apt. #, etc.

Suite 440

Suite, Apt. #, etc.

Suite 440

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0867201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Luis F. De la Cruz, Jr.

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

95 Merrick Way

City

Coral Gables

FL

Zip Code

33134

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IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSD
Emilia Gusti
1130 Bel Aire Drive West
Ambrosia Pines, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**100005574341--2
-05/20/02--01046--005
****350.00 ****150.00**

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report of annual 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 principal or trustee empowered to execute this report as required by Chapter 697, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

(305) 446-0100

Daytime Phone #

CR2E034B (12/01)