

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90256 012 ***158.75

DOCUMENT # P98000058590

1. Entity Name

EMAM EXPRESS, INC.

Principal Place of Business

**10851 S.W. 158TH TERRACE
 MIAMI FL 33157**

Mailing Address

**10851 S.W. 158TH TERRACE
 MIAMI FL 33157**

2. Principal Place of Business

4779 SW 154 AVE.

3. Mailing Address

4779 SW 154 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33185

Country

USA

Zip

33185

Country

USA

4. FEI Number

65-0847944

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

SHOMAR, JOSEPH

5190 NW 167TH ST. #111

SUITE 111

MIAMI FL 33014

Name

Shomar Joseph

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

5160 NW 167th ST. #111

City

MIAMI

FL

Zip Code

33014

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, 2001 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 **ST** ☐ Delete
 NAME **MATTHEWS, ALVARO**
 STREET ADDRESS **10851 S.W. 158TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **VP** ☐ Delete
 NAME **MATTHEWS, CONSUELO**
 STREET ADDRESS **10851 S.W. 158TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **P** ☐ Delete
 NAME **ECHEVARRIA, MICHELLE**
 STREET ADDRESS **10851 S.W. 158TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Michelle Echevarria
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/23/01
 Date

305 205-0127
 Daytime Phone #

CR2E034 (10/00)