2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # **P98000061489** EMH REALTY, INC. 05-08-2000 90046 017 ***150.00 Mailing Address Principal Place of Business ATTN: ESTHER M. HERNANDEZ ATTN: ESTHER M. HERNANDEZ 3200 COLLINS AVENUE #9-5 3200 COLLINS AVENUE #9-5 MIAMI BEACH FL 33138-4149 MIAMI BEACH FL 33140 2. Principal Place of Business 3. Mailing Address Aue 8231 NE 8231 NE 12 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0850878 Not Applicable liami 11AM Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 3137 USA Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name HERNANDEZ, ESTHER M Street Address (P.O. Box Number is Not Acceptable) 3200 COLLINS AVE #9-5 MIAMI BEACH FL 33140 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE Herndudez Esther M 8231 NE 12 Am HERNANDEZ, ESTHER M NAME STREET ADDRESS 3200 COLLINS AVE #9-5 STREET ADDRESS CITY-ST-ZIP MiAMI F1. MIAMI BEACH FL 33140 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 received retrustee 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.