

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90066 015 ***150.00

DOCUMENT # P98000062738

1. Entity Name
EMER SERVICES USA, CORP.

Principal Place of Business

8875 RAMBLEWOOD DR
STE 2002
CORAL SPRINGS FL 33071
US

Mailing Address

8875 RAMBLEWOOD DR
STE 2002
CORAL SPRINGS FL 33071
US

00028186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5620 NW 120th terrace
Suite, Apt. #, etc.

3. Mailing Address

5620 NW 120th terrace
Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

4. FEI Number **65-0852425**

Applied For

Not Applicable

Zip

Country

33076

USA

Zip

33076

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GENCALRES, ROBERTA V
8875 RAMBLEWOOD DR
STE 2002
CORAL SPRINGS FL 33071

Name

Gencalves, Roberta V.

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

5620 NW 120th terrace

City

Coral Springs

FL

Zip Code

33076

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent or both, in the State of Florida.

SIGNATURE **ROBERTA VIEIRA GONCALVES**

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

(NOTE: Registered Agent signature required when reinstating)

03/15/01

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 **PD** ☐ Delete
NAME **CARDOSO, EMERSON LUIS**
STREET ADDRESS **2924#2C N.W. 55 AVE.**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE **VPSD** ☐ Delete
NAME **GONCALVES, ROBERTA V**
STREET ADDRESS **2924 #2C N.W. 55 AVE.**
CITY-ST-ZIP **LAUDERHILL FL 33313**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **5620 NW 120th terrace**
CITY-ST-ZIP **Coral Springs FL 33076**

TITLE ☒ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/01 **(954) 757-4352**

Date

Daytime Phone #

CR2E034 (10/00)