## 2000 UNIFORM BUSINESS REPORT (UBR) $\mathbf{FIL}\mathbf{ED}$ DOCUMENT # P98000079063 May 05, 2000 8:00 am 1. Entity Name Secretary of State EMERE G CORP. 05-05-2000 90080 024 \*\*\*150.00 Mailing Address Principal Place of Business 10751 SW 168TH STREET 10751 SW 168TH STREET MIAMI FL 33157-4129 MIAMI FL 33157 v u u u j j 4 3. Mailing Address 2. Principal Place of Business 901 N. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 106 Applied For 4. FEI Number & State 65-0878027 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GLAVE, ERIC C Street Address (P.O. Box Number is Not Acceptable) 10751 SW 168TH STREET MIAMI FL 33157 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. **PVS** TITI F Change : ☐ Delete TITLE GLAVE, ERIC C NAME NAME STREET ADDRESS STREET ADDRESS 10751 SW 168 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** Change TITLE Delete TITLE GLAVE, MARIA I NAME NAME SLANDRD. #1.06 STREET ADDRESS STREET ADDRESS 10751 SW 168 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 ☐ Addition BM ☐ Delete TITLE GLAVE, ERICA M NAME NAME STREET ADDRESS STREET ADDRESS 10751 SW 168 ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33157** ☐ Delete TITLE TITLE NAME NAME Rock Island STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. GLAVE 4-25-00 (954) 340-975