

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91008 043 ***150.00

0126710

DOCUMENT # P98000079063

1. Entity Name

EMERE G CORP.

Principal Place of Business

Mailing Address

2901 N ROCK ISLAND RD.
 106
 MARGATE FL 33063

2901 N ROCK ISLAND RD.
 106
 MARGATE FL 33063

2. Principal Place of Business

3. Mailing Address

2901 N Rock Island Rd
 Suite, Apt. #, etc.
 106

2901 N Rock Island Rd
 Suite, Apt. #, etc.
 106



DO NOT WRITE IN THIS SPACE

City & State

City & State

MARGATE FL

MARGATE FL

4. FEI Number

65-0878027

Applied For

Not Applicable

Zip

Country

Zip

Country

33063

USA

33063

USA

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

GLAVE, ERIC C
 2901 ROCK ISLAND RD.
 MARGATE FL 33065

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	GLAVE, ERIC C	
STREET ADDRESS	2901 ROCK ISLAND RD. #106	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	T	<input type="checkbox"/> Delete
NAME	GLAVE, MARIA I	
STREET ADDRESS	2901 ROCK ISLAND RD. #106	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	BM	<input type="checkbox"/> Delete
NAME	GLAVE, ERICA M	
STREET ADDRESS	2901 ROCK ISLAND RD. #106	
CITY-ST-ZIP	POMPANO BEACH FL 33063	
TITLE	V	<input type="checkbox"/> Delete
NAME	GLAVE, ERIC C SR	
STREET ADDRESS	2901 ROCK ISLAND RD. #106	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	S	<input type="checkbox"/> Delete
NAME	GLAVE, ROSALPINA	
STREET ADDRESS	2901 ROCK ISLAND RD. #106	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Eric C Glave ERIC C GLAVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-01 (954) 340-9758

Date

Daytime Phone #

CR2E034 (10/00)