

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000079063 1. Entity Name EMERE G CORP.		
Principal Place of Business 2901 N ROCK ISLAND RD. 106 MARGATE, FL 33063		Mailing Address 2901 N ROCK ISLAND RD. 106 MARGATE, FL 33063
2. Principal Place of Business 3099 NW 48 Ave.		3. Mailing Address 3099 NW 48 Ave
Suite, Apt. #, etc. Apt 154		Suite, Apt. #, etc. Apt. 154
City & State Lauderdale Lakes, FL		City & State Lauderdale Lakes, FL
Zip 33313		Zip 33313
Country USA		Country USA
4. Name and Address of Current Registered Agent GLAVE, ERIC C 2901 ROCK ISLAND RD. MARGATE, FL 33063		4. FEI Number 65-0878027
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		Applied For ☐ Not Applicable
6. Name and Address of New Registered Agent Name GLAVE, ERIC Street Address (P.O. Box Number is Not Acceptable) 3099 NW 48 Ave #154 City Lauderdale Lakes FL Zip Code 33313		7. Name and Address of New Registered Agent Name GLAVE, ERIC Street Address (P.O. Box Number is Not Acceptable) 3099 NW 48 Ave #154 City Lauderdale Lakes FL Zip Code 33313
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE ERIC C. GLAVE <i>Eric C Glave</i> 4-23-03 (Signature, typed or printed name of registered agent, and date 7 applicable) (NOTE: Registered Agent signature required when submitting)		
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PC NAME GLAVE, ERIC C STREET ADDRESS 2901 ROCK ISLAND RD. #106 CITY-ST-ZIP MARGATE, FL 33063	TITLE PC NAME GLAVE, ERIC STREET ADDRESS 3099 NW 48 Ave. #154 CITY-ST-ZIP Lauderdale Lakes, FL 33313	11017304 ☐ CHECK HERE IF MAKING CHANGES
TITLE T NAME GLAVE, MARIA I STREET ADDRESS 2901 ROCK ISLAND RD. #106 CITY-ST-ZIP MARGATE, FL 33063	TITLE T NAME GLAVE, MARIA STREET ADDRESS 3099 NW 48 Ave #154 CITY-ST-ZIP Lauderdale Lakes, FL 33313	
TITLE BM NAME GLAVE, ERICA M STREET ADDRESS 2901 ROCK ISLAND RD. #106 CITY-ST-ZIP POMPANO BEACH, FL 33063	TITLE BM NAME GLAVE, ERICA STREET ADDRESS 3099 NW 48 Ave #154 CITY-ST-ZIP Lauderdale Lakes, FL 33313	
TITLE V NAME GLAVE, ERIC C SR STREET ADDRESS 2901 ROCK ISLAND RD. #106 CITY-ST-ZIP MARGATE, FL 33063	TITLE V NAME GLAVE ERIC C SR. STREET ADDRESS 3099 NW 48 Ave #154 CITY-ST-ZIP MARGATE, FL 33313	
TITLE S NAME GLAVE, ROSALPINA STREET ADDRESS 2901 ROCK ISLAND RD. #106 CITY-ST-ZIP MARGATE, FL 33063	TITLE S NAME GLAVE ROSALPINA STREET ADDRESS 5685 PACIFIC BLVD. #2304 CITY-ST-ZIP BOCA RATON, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <i>Eric C Glave</i> 4-23-03 (954) 777-3334 (Signature and typed or printed name of signing officer or director)		Date 4-23-03