

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092129

1. Entity Name  
EMERALD AFFAIRS, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90032 047 \*\*\*150.00

Principal Place of Business <del>2800 132 ST NE</del> <del>1448</del> AVENTURA FL 33180 US	Mailing Address P.O. BOX 61432 N MIAMI FL 33261-1132 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1100 Lee Wagener Blvd. Suite, Apt. #, etc. # 325 City & State Ft. Lauderdale, FL Zip 33315 Country USA	3. Mailing Address Same as #2 Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-3572054	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JOHN M  
1211 SEMORAN BLVD. STE. 171  
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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, 2000 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 # P	<input type="checkbox"/> Delete
NAME MALDONADO, JIMMY A	
STREET ADDRESS 3300 NE 192 ST STE 1413	
CITY-ST-ZIP AVENTURA FL 33180	
TITLE VP	<input type="checkbox"/> Delete
NAME RODGERS, SANDRA	
STREET ADDRESS 3300 NE 192 ST STE 1413	
CITY-ST-ZIP AVENTURA FL 33180	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jimmy Maldonado	
STREET ADDRESS 1100 Lee Wagener Blvd #325	
CITY-ST-ZIP Ft. Lauderdale, FL 33315	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Sandara Rodgers	
STREET ADDRESS 1100 Lee Wagener Blvd. #325	
CITY-ST-ZIP Ft. Lauderdale, FL 33315	
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
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 life empowered.

SIGNATURE: Sandra Rodgers  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-2000 (954) 359 0020  
Date Daytime Phone #

CR2E034 (9/99)