

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

Mailing Address

~~2800 132 ST NE~~
~~1418~~
AVENTURA FL 33180
US

P.O. BOX 614432
N MIAMI FL 33261-1132
US

2. Principal Place of Business

1100 Lee Wagener Blvd.

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

325

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Zip

33315

Country

USA

Zip

Country

4. FEI Number

59-3572054

Applied For

Not Applicable

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

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

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, 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	<input checked="" type="checkbox"/> Delete
NAME	MALDONADO, JIMMY A
STREET ADDRESS	3300 NE 192 ST STE 1413
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	<input checked="" type="checkbox"/> Delete
NAME	VP
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P Jimmy Maldonado
STREET ADDRESS	1100 Lee Wagener Blvd #325
CITY-ST-ZIP	Ft. Lauderdale, FL 33315
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP
NAME	Sandra 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)