2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004143

Entity Name: EMC CONSULTING, INC

FILED
Mar 30, 2000 8:00 am
Secretary of State
03-30-2000 90045 015 ***150.00

Principal Place of Business: 256 THREE ISLAND BLVD, #307 HALLANDALE, FL 33009

Mailing Address: 256 THREE ISLAND BLVD #307 HALLANDALE, FL, 33009

2. Principal Place of Business	3. Mailing Address
3100 NE 49 St	3100 NE 49 St.
Suite, Apt. #, etc.: 508	Suite, Apt. #, etc.: 508
City & State: FT LAUDERDALE, FL	City & State: FT LAUDERDALE, FL
Zip: 33308 Country: BROWARD	Zip: 33308 Country: BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0888102 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EILEEN MCHUGH
256 THREE ISLAND BLVD. #307
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 3100 NE 49 St
508
City: FT LAUDERDALE FL Zip Code: 33308

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

The corporation is eligible to satisfy its Intangible 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P/S/D NAME: EILEEN MCHUGH ADDRESS: 256 THREE ISLAND BLVD #307 CITY-ST-ZIP: HALLANDALE, FL 33009	☐ Delete	TITLE: PSD NAME: EILEEN MCHUGH STREET ADDRESS: 3100 NE 49 St CITY-ST-ZIP: FT LAUDERDALE, FL 33308	☒ Change ☐ Addition
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CR2E034 (9/99)

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: X Eileen McHugh — 3/23/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #