2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9900007063 I. Entity Name EMERALD CONSTRUCTION & DEVELOPMENT, INC.								FILED Apr 25, 2000 8:00 am Secretary of State					
EMERAL	D CONST	HUCTION & DEV	ELUPMENI	i, INC.				~	01-22-2000 9				
Principal Place of Business 12000 BISCAYNE BLVD. #104 MIAMI FL 33181 MIAMI FL 33181-2742 MIAMI FL 33181-2742													
2. Principal Place of Business 260 CRANDON BLVD . Suite, Apt. #, etc.			260	3. Mailing Address 260 CRANDON BLVD. Sulte, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
SVITE:	# 8	571-	SVI76 # 8 City & State			4. F	El Number				lied For	l	
KEY BISCATNE FL. Zip Country			Zip					65 09 c	4599	\$8	.75 Addit	Applicable ional	İ
3314		and Address of Curre	531 nt Registered		<u> </u>				ss of New Registe	- Fee	Required nt		Í -
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GARBER, HAROLD M ESQ. 12000 BISCAYNE BLVD. #184						Street Ad	dress (P.O. Bo	x Number is No					1
MIAMI FL 33181								HAE BINE	308 # c		Zia Oada		
8. The above named entity submits this statementor			<u> </u>			City (%			<u>. </u>	FL	Zip Code	33/8/	
SIGNATURE	Signature, typed	or printed name of re	ent and trile if applic	cable (NOTE	: Registere	d Agent signatur	e required when re	installing)	1/17/2	COD 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 St				l	Campaign Financin d Contribution.	a D) May Be to Fees	
11.	1 - 4 /		ND DIRECTOR		12.		PRESIDE		GES TO OFFICER		RECTORS Change	IN 11 Addition	9
NAME STREET ADDRESS CITY-ST-ZIP	12000	BISCAYNE B	LVD·.#	□ Delete - 10 4	NAA STR		ROMERO	- Trans	DEVU		1 Organide	yay Addition	CR2E034 (9/99
TITLE NAME STREET ADDRESS	DIRECT			☐ Delete		ME LEET ADDRESS	DIRECTO AYAN 6 260 CR	ANDON BI	2 140.#8 E, FL 3.		Change	Addition	12
CITY-ST-ZIP	<u> </u>			Delete -	CIT	Y-51-ZIP	KEY	BISCAYNE	, FL 3.	3/4/ 	1 Change	Addition	1_
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	 			□ Delete	TIT NA STI	ly-st-zip Le Me Reet adoress				C] Change	Addition	-
City-St-ZIP 13. I hereby indicate of the contanger	certify that the control on this reportation or do an an ar	he information supplied ort or supplemental ep the receiver or trustee ttachment with an activ	I with this filing ort is true and empowered to ess, with all oth	does not qualify fo accurate and that i execute this report er like empowered	, II	Y-SI-ZIP emption sta ature shall h uired by Cha	Led in Section ave the same apter 607, Flor	iegai errect as il ida Starutes; ani	made under oath; d that my name ap	that I am pears in E	y that the in an officer 3lock 11 or	nformation or director Block 12 if	1
SIGNA	TURE:	SIGNATURE AND TY	OF PRINTED NAM	AE OF SIGNING OFFICER	OR DIRE	СТОЯ		<u> </u>	/n/2000	Davi	ima Phona *	1 66 4 7	
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