

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028790

1. Entity Name
EMYG CONSULTING, INC.

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90225 034 ***150.00

Principal Place of Business

4078 INVERRAY DR.
LAUDERHILL FL 33319

Mailing Address

4078 INVERRAY DR.
LAUDERHILL FL 33319

2. Principal Place of Business

2548 Nassau Ln
Suite, Apt. #, etc.

3. Mailing Address

2548 Nassau Ln
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ft Lauderdale FL

City & State

ft Lauderdale FL

4. FEI Number 65-0913751

Applied For
Not Applicable

Zip 33312

Country

Zip 33312

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACK, J.D.
9820 NW 7TH AVE.
MIAMI FL 33150

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

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, 2001 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 PRES
NAME GONZALES, EMILIA
STREET ADDRESS 4078 INVERRAY DR. 2548 Nassau Ln
CITY-ST-ZIP LAUDERHILL FL 33319 ft Lauderdale FL 33312

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMILIA GONZALES Apr. 15 / 2001 (9:54) 527-4855
PRESIDENT

Date

Daytime Phone # X219

CR2E034 (10/00)