

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

0060663 AV

DOCUMENT # P99000040593

1. Entity Name
EMERALD TREE RENTAL CORP.

Principal Place of Business
10510 SW 157 CT., STE. 204
MIAMI FL 33196

Mailing Address
10510 SW 157 CT., STE. 204
MIAMI FL 33196



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
18990 SW 152ND ST

3. Mailing Address
18990 SW 152ND ST

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33187 MIAMI-DADE

Zip Country
33187 MIAMI-DADE

4. FEI Number **65-0928178**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WHITTLE, ESMERALDA
10510 SW 157 CT., STE. 204
MIAMI FL 33196

7. Name and Address of New Registered Agent
 Name **WHITTLE, ESMERALDA**
 Street Address (P.O. Box Number is Not Acceptable)
18990 SW 152ND ST
 City **MIAMI** FL Zip Code **33187**

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.

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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	PSTD	<input type="checkbox"/> Delete
NAME	WHITTLE, ESMERALDO	
STREET ADDRESS	10510 SW 157TH STE 204	
CITY-ST-ZIP	MIAMI FL 33196	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTLE, ESMERALDA	
STREET ADDRESS	18990 SW 152ND ST	
CITY-ST-ZIP	MIAMI FL 33187	
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		
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 like empowered.

SIGNATURE: **REQUIRED**

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

CR2E034 (5/01)