## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## DOCUMENT # **P99000040593**

1. Entity Name

Principal Place of Business

EMERALD TREE RENTAL CORP.



## FILED Mar 07, 2003 8:00 am Secretary of State

03-07-2003 90075 026 \*\*\*150.00

(305) 256 8508

18990 SW 152ND STREET MIAMI FL 33187		18990 SW 152ND STREET MIAMI FL 33187			3	F 1880(188) 178 (87) 8 (85) 80) (1	Dii) Biri Gani Bra	ik Balah Alkia k	OTOR SHALLON	
2. Principal Place	of Business	3. Mailing Address	<del></del>							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			4. FEI Number 65-0928178 Applied Fo			pplied For ot Applicable	
— Zip	- Country - Zip			try	25.	5. Certificate of Status Desired See Required Fee Required				
			7. Name and Address of New Registered Agent							
				Name						
WHITTLE, ESM	ieralda 🕴		Chroni Malalana							
18990 SW 152	·		Street Address			Box Number is Not Acceptat	ole)			
MIAMI FL 3318										
	•		•	City						
				City			FL	Zip Cod	e	
the obligations	ned entity submits this statement of registered agent.							miliar with,	and accept	
- Signa	ature, typed or printed name of registered age	ent and title it applicable.	(NOTE: Registered	d Agent signature requi	ired when	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Frust Fund Contribut			00 May Be d to Fees	
10.	OFFICERS AN	D DIRECTORS	11.		Al		FICERS AND	DIRECTOR	S IN 11	
TITLE PST	D	☐ Delete	TITLE	:				Change	Addition	
NAME WHI	TTLE, ESMERALDA		NAME	:						
	90 SW 152ND STREET		STREE	ET ADDRESS						
CITY-ST-ZIP MIA	MI FL 33187		CITY-	-ST-ZIP						
TITLE D.		☐ Delete	TITLE					☐ Change	☐ Addition	
	RALD TREE RENTAL CORP		NAME							
	90 SW 152ND ST	· · · · · · · · · · · · · · · · · · ·		ET ADDRESS;	=,			-		
	WII FL 3310/		<b>-</b>							
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STREET ADDRESS			STREE	T ADDRESS			•			
CITY-ST-ZIP			CITY-	ST-ZIP						
TITLE	· - ·	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	<i>†</i>		NAME	:						
STREET ADDRESS				T ADDRESS						
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STREET ADDRESS CITY-ST-ZIP		•		T ADDRESS ST-ZIP		•				
	that the information and the first	an and a fine and a second				140.07(0)(), 5:				
indicated on the of the corporal changed, or of	y that the information supplied winter that the information supplemental report the receiver or trustee emphana attachment with an accircus.	in this ning does not qualification in the same in the same in the powered to execute this replayment all other like empowe	y for the exennat my signate port as require red.	npilon stated in Sure shall have the ed by Chapter 60	Section e same 07, Flori	T19.07(3)(1), Florida Statutes legal effect as if made under ida Statutes; and that my nar	<ul> <li>i turther certif</li> <li>r oath; that I am</li> <li>me appears in I</li> </ul>	y that the in 1 an officer 3lock 10 or	itormation or director Block 11 if	