SIGNATURE:

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## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 06, 2000 8:00 am Secretary of State DOCUMENT # **P99000042149** EMERGENCY MANAGEMENT ASSOCIATION, INC. 04-06-2000 90112 001 \*\*\*150.00 04-06-2000 90112 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 13780 S.W. 56TH ST. 13780 S.W. 56TH ST. **SUITE 215** SUITE 215 TOIDI MIAMI FL 33175-6037 MIAMI FL 33175 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State Not Applicable 65-0918222 Zip Country \$8.75 Additional Zio Country ۹, 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MIRANDA, REYMUNDO J. MIRANDA, REYMUNDO J Street Address (P.O. Box Number is Not Acceptable) \_ 3091\_CORAL\_WAY\_ - - -12355 SW 76TH STREET MIAMI FL 33145-Zip Code 33183-3248 MIAMI s statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above na 03/29/2000 REYMUNDO J. MIRANDA, PRESIDENT SIGNATURE name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition K Change Delete TITLE TITLE MIRANDA, REYMUNDO J NAME MIRANDA, REYMUNDO J. 12355 SW 76TH STREET NAME 3091-CORAL-WAY-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FLORIDA 33183-3248 CITY-ST-ZIP MIAMI FL 33145 ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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 of 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 trystee 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 the same legal effect as if made under oath; that I am an officer or director of the corporation or the/receiver or trystee 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 the same legal effect as if made under oath; that I am an officer or director.

03/29/00 (305) 383\_8989 Date Daytime Phone #