

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90355 036 ***150.00

DOCUMENT # P99000060159

1. Entity Name

EMD HOLDINGS, INC.

Principal Place of Business

C/O STEARNS WEAVER MILLER WEISSLER ET AL
200 E BROWARD BLVD. SUITE #1900
FT LAUDERDALE FL 33301

Mailing Address

C/O STEARNS WEAVER MILLER WEISSLER ET AL
200 E BROWARD BLVD. SUITE #1900
FT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0998937

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESIDERIO, PIERO L
C/O STEARNS WEAVER MILLER WEISSLER ET AL
200 E BROWARD BLVD, SUITE #1900
FT LAUDERDALE FL 33301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DESIDERIO, PIERO	
STREET ADDRESS	954 LAKE WYMAN ROAD	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	T	<input type="checkbox"/> Delete
NAME	DESIDERIO, CHUCK	
STREET ADDRESS	246 GRAT STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	S	<input type="checkbox"/> Delete
NAME	MESK, LUCIA D	
STREET ADDRESS	935 ALGARINO AVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: P L DESIDERIO PIERO L. DESIDERIO

April 20, 2001

Date

954-462-9540

Daytime Phone #

CR2E034 (10/00)