

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90193 030 ***150.00

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AV

DOCUMENT # P99000099237

1. Entity Name
E R M D, INC.



Principal Place of Business
**11880 BIRD RD
SUITE 405
MIAMI FL 33175**

Mailing Address
**11880 BIRD RD
SUITE 207
MIAMI FL 33175**

2. Principal Place of Business

11880 BIRD ROAD

3. Mailing Address

11880 BIRD ROAD

Suite, Apt. #, etc.

SUITE 405

Suite, Apt. #, etc.

SUITE 405

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33175

Country

DADE

Zip

33175

Country

DADE

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0972427**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CABRERA, FRANCESCO
13001 ZAMBRANA ST
CORAL GABLES FL 33156**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required 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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **CABRERA, FRANCESCO**
STREET ADDRESS **11880 BIRD RD SUITE 207 405**
CITY-ST-ZIP **MIAMI FL 33175**

11. 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
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03

(305) 229-3848

Date

Daytime Phone #

CR2E034 (10/02)