

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101973

1. Entity Name

EMMANUEL IMPORT & EXPORT, INC.

FILED

Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90258 027 ***150.00

Principal Place of Business

change to

Mailing Address

change to

22783 S. STATE ROAD 7

2001 West Sample Rd

22783 S. STATE ROAD 7

2001 West Sample Rd

#53 BOCA RATON FL 33428

#310 Pompano Beach, FL

#53 BOCA RATON FL 33428

#310 Pompano Beach, FL

33064

33064

33064

2. Principal Place of Business

22783 S. State Rd 7

3. Mailing Address

22783 S. State Rd 7

Suite, Apt. #, etc.

#103

Suite, Apt. #, etc.

#103

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

Country

USA

Zip

Country

USA

4. FEI Number

65-0970712

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

GILL, WAYNE ESQ.

2001 WEST SAMPLE ROAD

SUITE 300

POMPANO BEACH FL 33064

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	EADE, EDWARD	
STREET ADDRESS	22783 S. STATE ROAD 7 #53	
CITY-ST-ZIP	BOCA RATON FL 33428	
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		

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward Eade	
STREET ADDRESS	22783 S. State Rd #53	
CITY-ST-ZIP	Boca Raton, FL 33428	
TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward Eade	
STREET ADDRESS	2001 West Sample Rd #310	
CITY-ST-ZIP	Pompano Beach, FL 33064	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/2000

561 338-3196

CR2E034 (9/99)