

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90359 009 \*\*\*150.00

DOCUMENT # *P99000101973*

1. Entity Name

EMMANUEL IMPORT & EXPORT, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2001 W Sample Rd.

3. Mailing Address

2001 W. Sample Rd.

Suite, Apt. #, etc.

#310

Suite, Apt. #, etc.

#310

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

4. FEI Number

650970712

Applied For

Not Applicable

Zip

33064

Country

Broward

Zip

33064

Country

Broward

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Patricia Klein, Esq.

Street Address (P.O. Box Number is Not Acceptable)

2001 W Sample Rd.

Suite 101

City

Pompano Beach

FL

Zip Code  
33064

**DO NOT WRITE  
IN THIS SPACE**

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

April 29, 2002

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President  
Eade, Edward  
2001 W. Sample Rd. #310  
Pompano Beach, FL 33064

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Edward Eade*

April 29, 2002

Date

954-974-7077

Daytime Phone #

CR2E034B (12/01)