

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 13, 2000 8:00 am
Secretary of State

05-13-2000 90026 043 ***150.00

DOCUMENT # V58220

1. Entity Name

EMILIE 1990, INC.

Principal Place of Business

Mailing Address

-- DUVAL ST
WEST FL 33041

208 DUVAL ST
KEY WEST FL 33040-6508

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0362447

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KATZ, LORI
1514 FOURTH ST
KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name Elie O'Hayon

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

208 Duval St.

City Key West

FL

Zip Code

33046

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 Elie O'Hayon Elie O'Hayon President

4-28-00

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	PITTS, HELENE O	9248 SE ISLAND PLACE	TEQUESTA FL 33469	<input type="checkbox"/>
D	PIETKA, MARIE HELENE	C/O 1514 FOURTH ST	KEY WEST FL	<input type="checkbox"/>
D	O'HAYON, ELIE	C/O KATZ, 1514 FOURTH ST	KEY WEST FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Elie O'Hayon Elie O'Hayon

4-28-00

(305) 296-8269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)