

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91292 031 ***150.00

DOCUMENT # V58220

1. Entity Name

EMILIE 1990, INC.

Principal Place of Business

Mailing Address

**208 DUVAL ST
 KEY WEST FL 33041**

**208 DUVAL ST
 KEY WEST FL 33041**

2. Principal Place of Business

3. Mailing Address

1514 FOURTH ST

P.O. BOX 1154

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY WEST FL

City & State

KEY WEST FL 33041

4. FEI Number

65-0362447

Applied For

Not Applicable

Zip

33040

Country

MONROE

Zip

33041

Country

MONROE

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

O'HAYON, ELIE

**208 DUVAL ST
 KEY WEST FL 33040**

Name

ELIE O'HAYON

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

1514 FOURTH ST

City

KEY WEST

FL

Zip Code

33040

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**

4-30-01

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 **D** ☐ Delete
 NAME **PITTS, HELENE O**
 STREET ADDRESS **9248 SE ISLAND PLACE**
 CITY-ST-ZIP **TEQUESTA FL 33469**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **PIETKA, MARIE**
 STREET ADDRESS **208 DUVAL ST**
 CITY-ST-ZIP **KEY WEST FL 33041**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1514 FOURTH ST**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **P** ☐ Delete
 NAME **O'HAYON, ELIE**
 STREET ADDRESS **C/O KATZ, 1514 FOURTH ST**
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ 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: **Elie O'Hayon Elie O'Hayon** **4-30-01** **305-296-8269**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)