



Companies House

AR01 (ef)

Annual Return



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Company Name: **EMS PHARMA LIMITED**

Company Number: **03862436**

Date of this return: **20/10/2014**

SIC codes: **86900**

Company Type: **Private company limited by shares**

Situation of Registered Office: **228-230 UXBRIDGE ROAD
LONDON
W12 7JD**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **MR. PIER PAOLO**

Surname: **LEONI**

Former names:

Service Address recorded as Company's registered office

Company Director 1

Type: **Person**
Full forename(s): **DANIELA**

Surname: **PERLI**

Former names:

Service Address: **VIA MOLINI, 11
RIO PUSTERIA (BZ)
39037
ITALY
39037**

Country/State Usually Resident: **ITALY**

Date of Birth: **22/07/1973** *Nationality:* **ITALIAN**
Occupation: **OFFICE MANAGER**

Statement of Capital (Share Capital)

Class of shares	ORDINARY	<i>Number allotted</i>	5000
		<i>Aggregate nominal value</i>	5000
<i>Currency</i>	EUR	<i>Amount paid per share</i>	0
		<i>Amount unpaid per share</i>	0
<i>Prescribed particulars</i>			
FULL VOTING RIGHTS AS SET OUT IN THE ARTICLES OF ASSOCIATION			

Class of shares	ORDINARY	<i>Number allotted</i>	1
		<i>Aggregate nominal value</i>	1
<i>Currency</i>	GBP	<i>Amount paid per share</i>	0
		<i>Amount unpaid per share</i>	0
<i>Prescribed particulars</i>			
FULL VOTING RIGHTS AS SET OUT IN THE ARTICLES OF ASSOCIATION			

Statement of Capital (Totals)

<i>Currency</i>	EUR	<i>Total number of shares</i>	5000
		<i>Total aggregate nominal value</i>	5000
<i>Currency</i>	GBP	<i>Total number of shares</i>	1
		<i>Total aggregate nominal value</i>	1

Full Details of Shareholders

The details below relate to individuals / corporate bodies that were shareholders as at 20/10/2014 or that had ceased to be shareholders since the made up date of the previous Annual Return

A full list of shareholders for the company are shown below

Shareholding 1 : **5000 ORDINARY shares held as at the date of this return**
Name: **DANIELA PERLI**

Shareholding 2 : **1 ORDINARY shares held as at the date of this return**
Name: **DANIELA PERLI**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.