

2001 UNIFORM BUSINESS REPORT (UBR)

0166187

DOCUMENT # 556154

1. Entity Name

EMPIRE CORPORATE KIT COMPANY

FILED

01 FEB 22 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1492 WEST FLAGLER STREET
MIAMI FL 33135-2209

Mailing Address
1492 WEST FLAGLER STREET
MIAMI FL 33135-2209

2. Principal Place of Business

2444 NW 7 PLACE

3. Mailing Address

2444 NW 7 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

59-1780264

Applied For

Not Applicable

Zip

33127

Country

USA

Zip

33127

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STORMONT, RAY C
5300 ALTON RD.
MIAMI FL 33119

7. Name and Address of New Registered Agent

Name

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

2444 NW 7 PLACE

City

MIAMI FL

FL

Zip Code

33127

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, 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

TITLE PD
NAME STORMONT, RAY C
STREET ADDRESS 5300 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 20870 SW 248 ST.
CITY-ST-ZIP Homestead, FL 33031 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS 300003782783-16
CITY-ST-ZIP -02/27/01--01077--009 ☐ Change ☐ Addition
****150.00 ****150.00

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

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

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

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

2-19-01 (305)634-3694

Date

Daytime Phone #

CR2E034 (10/00)