

2001 UNIFORM BUSINESS REPORT (UBR)

016616

DOCUMENT # 624950

1. Entity Name
EMPIRE LEASING, INC.

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

Suite, Apt. #, etc.

3. Mailing Address

2444 NW 7 PLACE

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI, FL

Zip

33127

Country

USA

Zip

33127

Country

USA

4. FEI Number

59-1780264

Applied For

Not Applicable

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 BEACH FL 33119**

7. Name and Address of New Registered Agent

Name

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

20870 SW 248 ST.

City

Homestead

FL

Zip Code

33031

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **500003782785--9**
CITY-ST-ZIP **-02/27/01--01077--010**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS ******150.00**
CITY-ST-ZIP ******150.00**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 634-3694

CR2E034 (10/00)