

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006009

1. Entity Name
EMPIRE REAL ESTATE HOLDINGS, LLC

FILED

01 JAN 29 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1 GROVE ISLE DRIVE
APT 1502
MIAMI FL 33133

Mailing Address

1 GROVE ISLE DRIVE
APT 1502
MIAMI FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1011184

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

E.H.G. RESIDENT AGENTS, INC.
5100 TOWN CENTER CIR
SUITE 330
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME
MANAGER
PAUL F HICKS
STREET ADDRESS
1 GROVE ISLE DRIVE APT 1502
CITY-ST-ZIP
COCONUT GROVE - FL 33133

☐ Delete

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE NAME
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP
100003624321--9
-02/02/01--01041--012
*****50.00 *****50.00

☐ Change ☐ Addition

TITLE NAME
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)