## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: ZULIAN, Giancarlo - President WWW.

## **FILED** Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90081 021 \*\*\*\*50.00

| DOCUMENT # L02000011514  1. Entity Name EMPIRE L.L.C.                      |                           |  |  |   |   | 000000   | <b>.</b>                                   |                         |  |
|--|---------------------------|--|--|---|---|--|--|-------------------------|--|
| Principal Place of Business<br>1498 JEFFERSON AVE. #501<br>MIAMI, FL 33139 |                           |  | Mailing Address<br>1498 JEFFERSON AVE. #501<br>MIAMI, FL 33139   |   | 30056879  |  |  |                         |  |
| 2. Principal Place of Business   |                           |  | 3. Mailing Address   | <u></u>                                       |   |  |  |                         |  |
| Suite, Apt. #, etc.  |                           |  | Suite, Apt. #. etc.  |   | · <del>-</del> ,  | ☐ CHECK HERE IF M  |  | · <b>**</b>             |  |
| City & State   |                           |  | City & State   |   | 4. FEI Number<br>03-0441760   | ——————————————————————————————————————   | Applied For Not Applicable                 |                         |  |
| Zip  | Zip Country               |  | Zip  | Zip Country                                   |   | 5. Certificate of Status Desired   \$5.00 Additional Fee Required  |  |                         |  |
| Name and Address of Current Registered Agent                               |                           |  |  |   | 7. Name and Address of New Registered Agent                               |  |  |                         |  |
| LEDUC, REJEAN<br>1001 NORTH FEDERAL HWY., STE. 202<br>HALLANDALE, FL 33009 |                           |  |  |   | Name ZULIAN, Giancarlo Street Address (P.O. Box Number is Not Acceptable) |  |  |                         |  |
|  |                           |  |  | 1498 Jes<br>Chy<br>Miami Bo                   |   | ferson Avenue Suite  | 501 .                                      | le<br>I 30              |  |
| The above the obligation   | named entitions of regist | y submits this statementered agent.          | it for the purpose of changing its   |   |   | red agent, or both, in the State of Florida  | . I am familiar with,                      |                         |  |
| SIGNATURE .  |                           | LIAN, Gianca                                 | rlo - President  | Zul W   | 1   | 4 - 9 - 200<br>when ministring)  | ATE DATE                                   |                         |  |
| 9.   |                           | MANACING ME                                  | Make Check Payab   | OWIII FEE IS \$ 16 to Figrida De By May 1 200 | partmer   | nt. of State   | ALICES                                     |                         |  |
| TITLE  |                           | WIN COUNTY WILL                              | Delete   | TITLE   | P   | ADDITIONS/CIT  | Change                                     | Addition 🔀              |  |
| NAME<br>STREET ADDRESS<br>CATY-ST-ZIP                                      |                           | ·  |  | NAME<br>STREET ADDRESS<br>CRIV-ST-ZIP         | 149   | JIAN, Giancarlo<br>08 Jefferson Avenue q<br>mi Beach, FL 33139   | ·  |                         |  |
| TITLE  | <u> </u>                  |  | . Delete   | TITLE   |   |  | [] Change                                  | Addition                |  |
| NAME<br>STREET ADDRESS<br>City-St-21P                                      |                           |  |  | NAME STREET ADDRESS CITY-ST-21P               |   |  |  |                         |  |
| TITLE  | ·                         |  | ☐ Delete   | TITLE   | ļ   | •  | Change                                     | Addition                |  |
| NAME   |                           | <u>.                                    </u> | الكالية المناسبة المن | STREET ADDRESS CITY-ST-ZIP                    |   | and the second s | - <u> </u>                                 |                         |  |
| TITLE<br>NAME<br>STREET ADDRESS  |                           |  | Delete   | TITLE<br>NAME<br>STHEET ADDRESS               |   |  | Change                                     | Addition                |  |
| CITY-ST-ZIP<br>TITLE<br>NAME   |                           |  | ☐ Delete   | CITY-ST-ZIP TITLE NAME                        |   |  | ☐ Change                                   | ☐ Addition              |  |
| STREET ADDRESS<br>City-St-Zip  |                           |  |  | STREET ADDRESS<br>City-St-Zip                 |   |  |  |                         |  |
| TITLE<br>NAME  |                           |  | ☐ Delete   | TITLE<br>NAME                                 |   |  | ☐ Change                                   | Addition                |  |
| STREET ADDRESS<br>City-St-2IP  |                           |  |  | STREET ADDRESS<br>City-ST-21P                 |   |  |  |                         |  |
| indicated  | on this repor             | t is true and accurate a                     | with this filing does not qualify for<br>and that my signature shall have<br>stee empowered to execute this  | the same legal effe                           | echas if n  | ection \$19.07(3\)(i), Florida Statutes. I furt<br>nacle under oath; that I am a managing<br>ter 608, Florida Statutes.  | her certify that the i<br>member or manage | nformation<br>er of the |  |