

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000001166**

1. Entity Name

EMPIRE ENTERTAINMENT GROUP L.C.

Principal Place of Business

Mailing Address

433 PLAZA REAL

(SAME)

SUITE 275

BOCA RATON FL 33432

2. Principal Place of Business

200 PARK CENTRAL BLVD

3. Mailing Address

200 PARK CENTRAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE ONE

SUITE ONE

City & State

City & State

POMPADO BEACH FL

POMPADO BEACH FL

Zip

Country

Zip

Country

33064

USA

33064

USA

6. Name and Address of Current Registered Agent

4. FEI Number

65-0898348

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

DELMER C. GOWING III RA.

101 SE 6TH AVENUE

DELRAY BEACH FL 33283

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 **MANAGING MEMBER** ☐ Delete
NAME **KOUTSOGIANNIS, VASILIOS**
STREET ADDRESS **146 VIA OESTE #1007**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

10. ADDITIONS / CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9083 BULEDOCK AVE**
CITY-ST-ZIP **BOCA RATON FL 33434**

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

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CITY-ST-ZIP

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

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 OR MANAGER

Date

Daytime Phone #

VASILIOS KOUTSOGIANNIS 4-27

561-350-0500

CR2E083 (11/99)