

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001166

1. Entity Name

EMPIRE ENTERTAINMENT GROUP, L.C.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90200 004 ****50.00

0008913

Principal Place of Business

200 PARK CENTRAL BLVD., SUITE 1
POMPANO BEACH FL 33064

Mailing Address

200 PARK CENTRAL BLVD., SUITE 1
POMPANO BEACH FL 33064

976197

2. Principal Place of Business

9083 RUTLEDGE AVE
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 810697
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON FL

City & State

BOCA RATON FL

4. FEI Number 65-0898348

Applied For
Not Applicable

Zip

33434

Country

USA

Zip

33481

Country

USA

5. Certificate of Status Desired

Additional Fee Required

6. Name and Address of Current Registered Agent

DELMER C. GOWING III P.A.
101 S.E. 6TH AVENUE
DELRAY BEACH FL 33483

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
KOUTSOGIANNIS, VASILIOS
9083 RUTLEDGE AVENUE
BOCA RATON FL 33434

☐ Delete

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

8-21-02

Daytime Phone #

561-350-0500

CR2E083 (4/02)