## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## Mar 12, 2003 8:00 am Secretary of State M40959 DOCUMENT # 1. Entity Name 03-12-2003 90106 007 \*\*\*150.00 **EMPIRE HOLDINGS CORPORATION** Principal Place of Business Mailing Address 4150 N.W. 7TH STREET 4150 N.W. 7TH STREET SUITE 200 SUITE 200 MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2733387 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOREJON, DORAIDA Street Address (P.O. Box Number is Not Acceptable) 4150 N.W. 7TH ST #200 MIAMI FL 33126 City 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 \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PST ☐ Delete TITLE ☐ Change Addition NAME MOREJON, AIDA NAME STREET ADDRESS 4150 N.W. 7TH ST., SUITE 200 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33126 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 original or on an attachment withten address with all other like approved. with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Addition

**FILED**