

2001. UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000006231**

1. Entity Name

EMPIRE PROPERTIES 1853, INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90115 032 ***150.00

Principal Place of Business

Mailing Address

1754 BAY ROAD
MIAMI BEACH FL**1754 BAY ROAD**
MIAMI BEACH FL

2. Principal Place of Business

1853 West Avenue

Suite, Apt. #, etc.

3. Mailing Address

1853 West Avenue

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

4. FEI Number

65-0991585

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELBAZ, JOSEPH
1754 BAY ROAD
MIAMI BEACH FL

Name

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

1853 West Avenue

City

MIAMI BEACH**FL**

Zip Code

33139

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

2-28-019. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	ELBAZ, ALBERT	1754 BAY ROAD	MIAMI BEACH FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1853 West Ave	MIAMI BEACH, FL	33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ELBAZ, JOSEPH	1754 BAY ROAD	MIAMI BEACH FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1853 West Ave	MIAMI BEACH, FL	33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	ELBAZ, NEIL	1754 BAY ROAD	MIAMI BEACH FL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1853 West Ave	MIAMI BEACH, FL	33139	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

13. 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 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH ELBAZ **2-28-01** **305-531-7017**

CR2E034 (10/00)