

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000027267

1. Entity Name

EMPERADOR INVESTMENTS, INC.

Principal Place of Business

16909 NORTH BAY ROAD SUITE 319  
SUNNY ISLES FL 33160

Mailing Address

16909 NORTH BAY ROAD SUITE 319  
SUNNY ISLES FL 33160

2. Principal Place of Business

16909 N Bay Road

Suite, Apt. #, etc.

Suite 319

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Sunny Isles Beach

City & State

Zip 33160

Country USA

Zip

Country

4. FEI Number

65-1012564

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RINCON, JULIO CESAR  
16909 NORTH BAY ROAD SUITE 319  
SUNNY ISLES FL 33160

7. Name and Address of New Registered Agent

Name Same as No. 6

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.

SIGNATURE

Signature, typed or printed name of registered agent; and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

XX

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME RINCON, JULIO CESAR  
STREET ADDRESS 16909 NORTH BAY ROAD SUITE 319  
CITY-ST-ZIP SUNNY ISLES FL 33160

TITLE VTSD ☒ Delete  
NAME FONNEGRA, CATALINA  
STREET ADDRESS 16909 NORTH BAY ROAD SUITE 319  
CITY-ST-ZIP SUNNY ISLES FL 33160

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD V T S D ☐ Change ☒ Addition  
NAME Rincon, Julio Cesar  
STREET ADDRESS 16909 N Bay Road, Suite 319  
CITY-ST-ZIP Sunny Isles, Florida 33160

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

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

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:

*Julio Rincon*

Julio C. Rincon, President 1/18/01 (305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

945-4896

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90010 005 \*\*\*158.75

644796



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)