

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90045 030 ***158.75

DOCUMENT # P00000034202
 1. Entity Name
EMPIRE BUILDERS OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address
1451W. CYPRESS CREEK RD., SUITE 300 **1451W. CYPRESS CREEK RD., SUITE 300**
FORT LAUDERDALE FL 33309 **FORT LAUDERDALE FL 33309**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3450 Executive Way** 3. Mailing Address **3450 Executive Way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State **Micamaw, Florida** City & State **Micamaw, Florida**
 Zip **33025** Country **US** Zip **33025** Country **US**

4. FEI Number **65-0997555** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HALE, CHRISTOPHER D
1451W. CYPRESS CREEK RD., SUITE 300
FORT LAUDERDALE FL 33309

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. 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 State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE D <input type="checkbox"/> Delete	NAME HALE, CHRISTOPHER D
STREET ADDRESS 1451W. CYPRESS CREEK RD., SUITE 300	
CITY-ST-ZIP FORT LAUDERDALE FL 33309	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME PD Friend, Louis
STREET ADDRESS 1411 HARRISON ST.	
CITY-ST-ZIP HOLLYWOOD, FL 33020	
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME VP Pratt, William A.
STREET ADDRESS 8830 N.W. 18 ST.	
CITY-ST-ZIP GREAT SPRING, FL 33071	
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME VP Wolf, Wilbur
STREET ADDRESS 9816 N.W. 41 ST.	
CITY-ST-ZIP SUNRISE, FL 33351	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: William A. Pratt **W.R.** Date **3/13/01** Daytime Phone # **954922-0883**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)