FILED
Jun 16, 2003 8:00 am
Secretary of State
06-16-2003 90149 032 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063877

1. Entity Name

Empire Mortgage Lender, Inc.

80126369

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5455 SW 8 Street	5455 SW 8 Street
Suite, Apt. #, etc.: 230	Suite, Apt. #, etc.: 230
City & State: Miami, FL	City & State: Miami, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1021096 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Orens Rodriguez

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

1222 Pizarro Street

City: Coral Gables FL Zip Code: 33134

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: Orens Rodriguez 4/30/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Orens Rodriguez 1222 Pizarro Street Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Zorahida Rodriguez 1222 Pizarro Street Coral Gables, FL 33134
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Orens Rodriguez 4/30/2003 (305)444-3484 ext 214

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #