FILED
Aug 09, 2001 8:00 am
Secretary of State
07-24-2001 90026 003 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P00000066507

1. Entity Name
Emipee Enteeprises Corporation

Principal Place of Business	Mailing Address
750 Shadow Way Miami Spring FL. 33166.	750 Shadow Way Miami Spring, FL. 33166

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
301 EAST 10 AVE	301 EAST 10 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hialeah FL.	City & State: Hialeah FL.
Zip: 33010 Country	Zip: 33010 Country

4. FEI Number 651023568 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
Emiliana Suarez
750 Shadow Way
Miami Spring, FL 33166.

7. Name and Address of New Registered Agent
Name: Emiliana Suarez
Street Address (P.O. Box Number is Not Acceptable): 301 EAST 10th Ave
City: Hialeah FL Zip Code: 33010.

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: Emiliana Suarez. 7/20/2001
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) ☐

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SUAREZ, Emiliana, 750 Shadow Way, Miami Spring 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (11/00)

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: Emiliana Suarez 7/22/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

06/28/2001 07:22 3055948l974 FLA ALL BUS SERV PAGE 02

Mailed to Emper 7/2/01

2001 UNIFORM BUSINESS REPORT (UBR)

attachment #P00000066507

FILE [redacted]

1137

DOCUMENT # P00000066507

1. Entity Name
EMPER ENTERPRISES CORPORATION

Principal Place of Business	Mailing Address
9946 N.W. 49TH TERRACE MIAMI FL 33178-1919	9946 N.W. 49TH TERRACE MIAMI FL 33178-1919

2. Principal Place of Business	3. Mailing Address
301 E 10th AVE	301 E 10 TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH FL	City & State: HIALEAH FL
Zip: 33010 Country	Zip: 33010 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

5. 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
LUNDELIUS, WALTER D SR. 9946 N.W. 49TH TERRACE MIAMI FL 33178-1919	Name: EMILIANA SUAREZ Street Address (P.O. Box Number is Not Acceptable): 301 E 10TH AVE City: HIALEAH FL Zip Code: 33010

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

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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SUAREZ, EMILIANA 750 SHADOW WAY MIAMI SPRINGS FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LUNDELIUS, WALTER D SR. 9946 N.W. 49TH TERRACE MIAMI FL 33178-1919	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: ✓ ✓

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