

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90065 016 \*\*\*150.00

**DOCUMENT # P00000104629**

1. Entity Name  
**EMPORIUM IMPORTS.COM, INC.**

Principal Place of Business  
**8983 HUNTINGTON POINT DRIVE  
 SARASOTA FL 34238**

Mailing Address  
**8983 HUNTINGTON POINT DRIVE  
 SARASOTA FL 34238**

2. Principal Place of Business  
*Same*

3. Mailing Address  
*Same*

Suite, Apt. #, etc.  
**8983 HUNTINGTON, P.D.**

City & State  
**SARASOTA**

Zip  
**34238** Country  
**Florida**

4. FEI Number  
**65-1043425**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SILBERSTEIN, DAVID M  
 720 SOUTH ORANGE AVENUE  
 SARASOTA FL 34236**

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

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. ☐

**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	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>Juanita Lara de Munoz</b>	
STREET ADDRESS	<b>8983 Huntington Pl.</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34238</b>	
TITLE	<b>D VP</b>	<input type="checkbox"/> Delete
NAME	<b>Christopher Munoz</b>	
STREET ADDRESS	<b>8983 Huntington Pl.</b>	
CITY-ST-ZIP	<b>Sarasota, FL 34238</b>	
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 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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

**3-4-2001** **941-918-4504**