

02-03
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 15 AM 8:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P010000 85897**

1. Entity Name
Empire Group International Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
(Same)
 Suite, Apt. #, etc.

3. Mailing Address
780 NW Le Jeune Rd
 Suite, Apt. #, etc.
Suite 516

DO NOT WRITE IN THIS SPACE

City & State
Miami FL
 Zip
33126
 Country
USA

4. FEI Number
 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
Aurelio A. Piedra
 Street Address (P.O. Box Number is Not Acceptable)
780 NW Le Jeune Rd
#516
 City
Miami FL Zip Code
33126

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 **Aurelio Piedra CPA** DATE **3/8/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000015026570 04/01/03--01044--014 **300.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/V/P/Treasurer Aurelio A. Piedra 780 NW Le Jeune Rd Miami FL 33126	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
2/4/03 **305 4437122**
 Date Daytime Phone

CR2E034B (12/01)