

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90436 005 ***150.00

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1. Entity Name
EMPIRE BUSINESS CONSULTANTS, INC.



Principal Place of Business
2001 PALM BEACH LAKES BLVD STE 502J
WEST PALM BEACH FL 33409

Mailing Address
2001 PALM BEACH LAKES BLVD STE 502J
WEST PALM BEACH FL 33409

2. Principal Place of Business
9107 BAYBURY LANE

3. Mailing Address
9107 BAYBURY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

4. FEI Number 80-0021411

Applied For
Not Applicable

Zip 33411 Country PALM BEACH

Zip 33411 Country PALM BEACH

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

6. Name and Address of Current Registered Agent

ADENBAUM, ROZ
2001 PALM BEACH LAKES BLVD STE 502J
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name ADENBAUM, ROZ
Street Address (P.O. Box Number is Not Acceptable)
9107 BAYBURY LANE
City WEST PALM BEACH FL Zip Code 33411

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: *Roz Adenbaum*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 D
NAME ADENBAUM, ROZ
STREET ADDRESS 1860 N FILLER AVE #120
CITY-ST-ZIP LOS ANGELES CA 90046

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 9107 BAYBURY LANE
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Roz Adenbaum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03

Date

561-712-1700

Daytime Phone #

CR2E034 (10/02)