

# 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

DOCUMENT # **P01000117367**

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.

CHECK HERE IF MAKING CHANGES

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**

**7. Name and Address of New Registered Agent**

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

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>ADENBAUM, ROZ</b>	<b>1860 N FILLER AVE #120</b>	<b>LOS ANGELES CA 90046</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>9107 BAYBURY LANE</b>	<b>WEST PALM BEACH FL 33411</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Date: **1/11/03** Daytime Phone #: **561-712-1700**

CR2E034 (10/02)