FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91894 031 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000119332

1. Entity Name

EMPORIUM INVESTMENT, CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11801 NW 100 RD	11801 NW 100 RD
Suite, Apt. #, etc. SUITE 1	Suite, Apt. #, etc. SUITE 1
City & State MEDLEY, FL	City & State MEDLEY. FL
Zip 33178 / Country USA	Zip 33178 / Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0595252 ☐ 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 MARISOL ANDRADE

Street Address (P.O. Box Number is Not Acceptable)

11801 NW 100 RD SUITE 1

City MEDLEY **FL** Zip Code 33178

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 _____ MARISOL ANDRADE 04-30-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P / T - MARISOL ANDRADE 11801 NW 100 RD SUITE 1 MEDLEY, FL, 33178
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V / S - ALFREDO NUÑEZ 11801 NW 100 RD SUITE 1 MEDLEY, FL, 33178
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	
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	

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04-30-03 (786) 346-1799

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