

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-05-2003 91894 031 ***150.00

DOCUMENT # PO1000119332	
1. Entity Name EMPORIUM INVESTMENT, CORP	

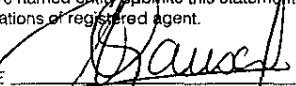
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 11801 NW 100 RD		3. Mailing Address 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

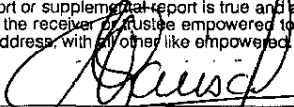
4. FEI Number 01-0595252		Applied For ☐	Not Applicable ☒
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

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	Zip Code FL 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	DATE 04-30-03
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		

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
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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	
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	
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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 on an attachment with an address, with any other like empowered.		
SIGNATURE: 	04-30-03	(786) 346-1799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date Daytime Phone #		

CR2E034B (12/02)