

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000038002

1. Entity Name

Empire Security Consultants Inc



FILED

03 JUN 23 AM 7:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Empire Security Const

3. Mailing Address

10945 S.W. 152nd TER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

4. FEI Number

04-3622072

Applied For

Not Applicable

Zip

33157

Country

U.S.

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Felix R. McEwan

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

10945 S.W. 152 TER

City

Miami

FL

Zip Code

33157

**DO NOT WRITE
IN THIS SPACE**

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

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
President
Felix F. McEwan
10945 S.W. 152nd TER Miami

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100018574721
05/08/03--01082--001 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
DAISY A McEwan
10945 S.W. 152nd TER

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~Secretary~~
~~Felix F. McEwan Jr~~
~~11035 S.W. 152nd TER~~
~~Miami FL 33157~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Felicita T. McEwan
11035 S.W. 152nd TER Miami

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03

Date

Daytime Phone #

CR2E034B (12/02)