## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## Apr 17, 2003 8:00 am Secretary of State P93000016754 **DOCUMENT#** 04-17-2003 90181 006 \*\*\*158.75 1. Entity Name EMPIRE TECHNOLOGIES INC. Principal Place of Business Mailing Address 8335 NW 68 ST 8335 NW 68 ST MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0395032 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REZENDE, EDIVALDO Street Address (P.O. Box Number is Not Acceptable) 2111 NORTH 31 AVE. 8335 NW 68 STREET HOLLYWOOD FL 33021 8. The above named entity submits this statement for the purpose of changing its regis office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. n415/03 (NOT ar ature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD **X** Addition Delete TITLE Change REZENDE, EDIVALDO NAME NAME EDSON DA PAIXAO JUNIOR STREET ADDRESS 2111 NORTH 31 AVE. STREET ADDRESS 8335 NW 68 STREET CITY-ST-ZIP HOLLYWOOD FL CITY-ST-ZIP MIAMI FL TITLE OM TITLE ☐ Change ☐ Addition 🔀 Delete NAME REZENDE, VIVIAN NAME STREET ADDRESS 2111 NORTH 31 AVE STREET ADDRESS CITY-ST-ZIP HOLLYWOOD FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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

with all other like empowered.

changed, or on an attachment with an address

SIGNATURE:

FILED