

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90040 028 \*\*\*150.00

**DOCUMENT # P96000018620**

1. Entity Name

**EMPIRE VENTILATION SYSTEMS INC.**

Principal Place of Business

**3691 NE 12TH AVE  
 POMPANO BEACH FL 33064  
 US**

Mailing Address

**PO BOX 811028  
 BOCA RATON FL 33481-1028  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**1001 E. Sample Road Suite 4w**

Suite, Apt. #, etc.

City & State

**Pompano Beach Florida**

Zip

Country

**33064**

**USA**

Zip

Country

4. FEI Number

**65-0653644**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GOLDBERG, GENE**

**3691 NE 12TH AVENUE**

**POMPANO BEACH FL 33064**

7. Name and Address of New Registered Agent

Name

**Gene Goldberg**

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

**1001 East Sample Road Suite 4w  
 Pompano Beach FL 33064**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
 NAME **GOLDBERG, GENE**  
 STREET ADDRESS **3691 NE 12TH AVE**  
 CITY-ST-ZIP **POMPANO BEACH FL**

TITLE **D** ☐ Delete  
 NAME **GOLDBERG, SARAH**  
 STREET ADDRESS **3691 NE 12TH AVE**  
 CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1001 E. Sample Road Suite 4w**  
 CITY-ST-ZIP **Pompano Beach Florida 33064**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1001 E. Sample Road Suite 4w**  
 CITY-ST-ZIP **Pompano Beach Florida 33064**

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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)