

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000031455

1. Entity Name

EMPIRE INSURANCE COMPANY USA

Principal Place of Business

6855-A MIRAMAR PKWY
MIRAMAR FL 33023

Mailing Address

6855-A MIRAMAR PKWY
MIRAMAR FL 33023

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GELLER, ADAM B
6855 MIRAMAR PARKWAY
MIRAMAR FL 33023

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2001 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 NAME ☐ Delete
P
GELLER, ADAM
STREET ADDRESS 2630 SW 68TH TERR
CITY-ST-ZIP POMPANO BEACH FL 33068

TITLE NAME ☐ Delete
D
GREENBERG, LISA
STREET ADDRESS 11718 S. ISLAND RD
CITY-ST-ZIP COOPER CITY FL 33026

TITLE NAME ☐ Delete
D
RODRIGUEZ, TANIA M
STREET ADDRESS 20231 NW 8TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE NAME ☐ Delete
D
GELLER, ALISSA
STREET ADDRESS 8856 NW 49TH DR
CITY-ST-ZIP CORAL SPRINGS FL

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 #

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90134 023 ***150.00

00014178



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0659613

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)

02/01/01

954-963-3006