2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P97000014254** May 24, 2000 8:00 am Secretary of State EMPIRE GLOBAL CONSULTING, INC. 05-24-2000 90141 032 ***150.00 Principal Place of Business Mailing Address 5233 POWERLINE ROAD 5233 POWERLINE ROAD FT. LAUDERDALE FL 33308-7102 FT. LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business 3250 N.E. 32ND STREET 3250 N.E. 32ND STREET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 65-0816599 FT. LAUDERDALE, FL Not Applicable FT. LAUDERDALE, FL Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33308 33308 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 🍃 - HEDRICK, JAMES R 🕒 -Street Address (P.O. Box Number is Not Acceptable) 3250 N.E. 32ND STREET 5233 POWERLINE ROAD FT. LAUDERDALE FL 33309 LAUDERDALE 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE X Change TITLE ☐ Delete HEDRICK, JAMES R NAME NAME STREET ADDRESS **5233 POWERLINE ROAD** STREET ADDRESS 3250 N.E. 32ND STREET CITY-ST-ZIP FT. LAUDERDALE FL 33309 CITY-ST-7IP FT. LAUDERDALE, FL 33308 **X** Change ☐ Addition ☐ Delete TITLE TITLE ROSSO, FRANK J NAME NAME STREET ADDRESS 3250 N.E. 32ND STREET STREET ADDRESS **5233 POWERLINE ROAD** CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 FT. LAUDERDALE, FL ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 each; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as remained by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if red to execute this n all other like empower changed, or on an attachment with as