FILED May 12, 2003 8:00 am Secretary of State 05-12-2003 90206 015 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUN 1. Entity Narra CUPEM E	e	# P9 80000479 NC.	911						70.00
Principal Place of Business Mailing Address 125 WORTH AVE., STE. 310 1500 N DIXIE HWY PALM BEACH, FL 33480 206 WEST PALM BEACH, FL							10 20 011 20 111 218 11 1	1912 (2(8	L ((44) LL U L (41)
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 58-239824		No	plied For at Applicable
Zip	Zip Country		<u> </u>	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					Name -	7. Name and Address of New	Registered Age	nt	
DOTTERRE 125 WORTH PALM BEAC	E. 310		•	Street Address	(P.O. Box Number Is Not Accepta	oie)			
6	<u>-</u>				City.			Zip Cod	
	named entitions of regis		r the purpose of changing its	s register	red office or registe	red agent, or both, in the State of	Florida. I am fami	liar with,	and accept
SIGNATURE -	Simulated basis	Or printed name of registered agent.	enst ride il morbicaldo (NAC)	F- Bouten	ni Agini signaturi réquiré	of selbers an instruction)	DATE		
F After	ILE NOW May 1 20	ii FEE us \$150 aa 31 Fee will be \$550 ao 5 Florida Department (· · · · · · · · · · · · · · · · · · ·	Election Campaign Trust Fund Contribu	Financing		D May Be
10.	-	OFFICERS AND		11.		ADDITIONS/CHANGES TO O			
NAME	1600 N DI	N, DANIELA XIE HWY 206 LM BEACH, FL 33401	□ Delete	M	- i		U	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2P			☐ Delete	1	l			Change	☐ Addition
TITLE NÁME STREET ADDRESS CITY-ST-ZP			☐ Delete	B	I		· /	Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZP			☐ Delete		I			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2P			☐ Delete		l			Change	Addition
12. I hereby c indicated of the corp	on this repo poration or t	rt or supplemental report is he regelwer or trustee empo	true and accurate and that	or the exe my signa t as requ	emption stated in Seature shall have the lired by Chapter 60	ection 119.07(3XI), Florida Statute same legal effect as if made unde 7, Florida Statutes; and that my na	roath that I am s	ın officer ock 10 o	or director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

attachment 801186 Ccl P98000047911 **DOCUMENT #** 1. Entity Name CUPEM EMPIRE, INC. Principal Place of Business Mailing Address 1500 N DIXIE HWY 125 WORTH AVE., STE. 310 PALM BEACH FL 33480 206 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 58-2398246 Not Applicable Zip Country 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 Name DOTTERRER, JOHN C Street Address (P.O. Box Number is Not Acceptable) 125 WORTH AVE., STE. 310 PALM BEACH FL 33480 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change TITLE TITLE Addition Delete DADURIAN, DANIELA NAME NAME 1500 N DIXIE HWY 206 STREET ADDRESS STREET ADDRESS CITY-ST-7IP West Palm Beach FL 33401 CHY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7(P City-St-7tP

12. Thereby 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 early, 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 ill other like empowered. ent with an address, v changed, or on an attac

SIGNATURE

Sul-364-9773