2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIZNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 08, 2000 8:00 am Secretary of State DOCUMENT # **P98000048638** EMPIRE GLOBAL HOLDINGS, INC. 05-08-2000 90195 014 ***150.00 Principal Place of Business Mailing Address 5233 POWERLINE ROAD 5233 POWERLINE ROAD FORT LAUDERDALE FL 33308-7102 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address 3250 N.E. 32ND STREET 3250 N.E. 32ND STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 52-2103321 FT. LAUDERDALE, FL FT. LAUDERDALE, FL Not Applicable Zip Country Zip Country \$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 SOUTH FLORIDA REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 200 EAST LAS OLAS BLVD. **SUITE 1900** FORT LAUDERDALE FL 33301 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 SIGNATURE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. XI Change ☐ Addition ☐ Delete TITLE TITLE ROSSO, FRANK NAME 3250 N.E. 32ND STREET STREET ADDRESS **5233 POWERLINE ROAD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 FT. LAUDERDALE, FL 33308 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete -Change ■ Addition TITLE . --TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE 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-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 oath; that I am an officer or director of the corporation or the receiver or trustee propowered 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.