2001 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2001 8:00 am Secretary of State DOCUMENT # P98000048638 EMPIRE GLOBAL HOLDINGS, INC. 05-10-2001 90192 050 ***150.00 Principal Place of Business Mailing Address 3250 N.E 32ND STREET 3250 N.E 32ND STREET FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address IDI N RIVERSIDE DR. 101 N Riverside PR- Ser Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 214 City & State Applied For City & State 4. FEI Number 52-2103321 Not Applicable Country **\$8.75** Additional _ 5. Certificate of Status Desired 3062 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Rosso SOUTH FLORIDA REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 200 EAST LAS OLAS BLVD. Riverside DR - Surte **SUITE 1900** FORT LAUDERDALE FL Zip Code **33***0***62** pent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named e FRANK ROSSO, CHARMAN SIGNATURE ed 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, 2001 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. ☐ Addition ☐ Delete TITLE TITLE ROSSO, FRANK Russo, Frank NAME NAME 101 N RIVERSIDE DR- Suite 3250 N.E. 32ND STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP Beach ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing loes 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 poort 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ess, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

ChAIRMAN