

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90517 034 ***150.00

DOCUMENT # P99000041190

1. Entity Name
EMPIRE RESERVATIONS, INC.



Principal Place of Business
% PARAMOUNT MARKETING
2900 GATEWAY DR.
POMPANO BEACH FL 33069

Mailing Address
% PARAMOUNT MARKETING
2900 GATEWAY DR.
POMPANO BEACH FL 33069

11017804



2. Principal Place of Business

550 FAIRWAY DR.
Suite, Apt. #, etc. #107

3. Mailing Address

550 FAIRWAY DR.
Suite, Apt. #, etc. #107

☐ CHECK HERE IF MAKING CHANGES

City & State
DEERFIELD BEACH, FL

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DEERFIELD BEACH, FL

4. FEI Number **65-0923226**

Applied For
Not Applicable

Zip **33441** **Country** **USA**

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

6. Name and Address of Current Registered Agent

SAMUELS, LEONARD K
BERGER DAVIS & SINGMAN
350 E. LAS OLAS BLVD., STE 1000
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name **PAMELA GELET**
Street Address (P.O. Box Number is Not Acceptable) **550 FAIRWAY DR.**
#107
City **DEERFIELD BEACH** **FL** **Zip Code** **33441**

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 **PAMELA GELET** **4-24-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ **Delete**
NAME **GELET, PAMELA**
STREET ADDRESS **2900 GATEWAY DR.**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☒ **Change** ☐ **Addition**
NAME **550 FAIRWAY DR. #107**
STREET ADDRESS **DEERFIELD BEACH, FL 33441**
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Delete**
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PAMELA GELET** **4-24-03** **954 429 1712**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)