

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063970

1. Entity Name
EMPIRE MORTGAGE CORP.

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90009 028 ***150.00

Principal Place of Business
1834 BRICKELL AVENUE
#22
MIAMI FL 33129

Mailing Address
1834 BRICKELL AVENUE
#22
MIAMI FL 33129



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5955 sw 8th st		3. Mailing Address Suite, Apt. #, etc. 230	
City & State MIAMI FL		City & State	
Zip 33134	Country Dade.	Zip	Country
4. FEI Number 650-937714		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

6. Name and Address of Current Registered Agent BENAVIDES, RODOLFO 1025 CASTILE AVE CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name Orens Rodriguez Street Address (P.O. Box Number is Not Acceptable) 1834 Brickell Ave., Apt 22 City Miami FL Zip Code 33129	
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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 7/18/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ORENS 1834 BRICKELL AVENUE MIAMI FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered 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.

SIGNATURE: 7-17-00 (305) 444-3484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EX14 (3/00)

Attachment

Wednesday, July 19, 2000

**Florida Department Of State
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500**

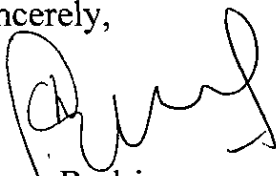
Re: 2000 Uniform Business Report
Document # P99000063970

Dear Sirs;

As per our telephone conversation today with an employee of your office,
enclosed please find check #1265 in the amount of \$150.00. This check is to
cover the annual report fee.

We were not able to fill the report before due to we never received the first
form.

Sincerely,



Orens Rodriguez
Owner

Telephone 305 444-3484