

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90058 027 \*\*\*150.00

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**DOCUMENT # P01000081529**

1. Entity Name  
**EPG CONTROLS, INC.**

Principal Place of Business: **708 NW 177 AVE, PEMBROKE PINES FL 33029**  
 Mailing Address: **708 NW 177 AVE, PEMBROKE PINES FL 33029**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**3140 West 84 Street**

3. Mailing Address

Suite, Apt. #, etc.  
**Bldg D - Unit #8**

Suite, Apt. #, etc.

City & State  
**Hialeah, FL**

City & State

4. FEI Number  
**65-113 7016**

Applied For  
 Not Applicable

Zip **33018** Country **Dade USA**

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUARDIA, CYNTHIA A**  
**708 NW 177 AVE**  
**PEMBROKE PINES FL 33029**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *[Signature]* **25 Feb 2002**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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  Delete  
 NAME **President**  
 STREET ADDRESS **Paulo Guardia**  
 CITY-ST-ZIP **708 NW 177th Ave, Pembroke Pines, FL 33029**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **Secretary / Treasurer**  
 STREET ADDRESS **Cynthia Guardia**  
 CITY-ST-ZIP **708 NW 177th Ave, Pembroke Pines, FL 33029**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**25 Feb 2002** **954**  
**435 1234**  
Date Daytime Phone #

CR2E034 (9/01)