

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K39085

1. Entity Name

E. P. I. REALTY, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90094 043 ***150.00

Principal Place of Business 7200 N.W. 7TH ST 3RD FLOOR MIAMI FL 33126 US	Mailing Address 7200 N.W. 7TH ST 3RD FLOOR MIAMI FL 33126-2941 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0096276	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, LOUIS O.
7200 N.W. 7TH ST
3RD FLOOR
MIAMI FL 33126

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, LOUIS O.		NAME		
STREET ADDRESS	815 N. RED RD., SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, LISA		NAME		
STREET ADDRESS	7200 N.W. 7TH ST, 3RD FL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, LOUIS O		NAME		
STREET ADDRESS	7200 N.W. 7TH ST, 3RD FL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LESLIE		NAME		
STREET ADDRESS	7200 N.W. 7TH ST, 3RD FL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DONALD		NAME		
STREET ADDRESS	7200 N.W. 7TH ST, 3RD FL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 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: _____ 4/25/00 305-262-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)