

2002 UNIFORM BUSINESS REPORT (UBR)

0196060 AV

DOCUMENT # K39085

1. Entity Name
E. P. I. REALTY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -7 PM 4:01

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0096276

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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

TITLE PD
NAME GONZALEZ, LOUIS O.
STREET ADDRESS 815 N. RED RD., SUITE 400
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE V
NAME RAMOS, LISA
STREET ADDRESS 7200 N.W. 7TH ST, 3RD FL
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE PD
NAME GONZALEZ, LOUIS O
STREET ADDRESS 7200 N.W. 7TH ST, 3RD FL
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE VT
NAME SMITH, LESLIE
STREET ADDRESS 7200 N.W. 7TH ST, 3RD FL
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE VS
NAME SMITH, DONALD
STREET ADDRESS 7200 N.W. 7TH ST, 3RD FL
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LOUIS O. GONZALEZ 4-9-02 305-269-7999

CR2E034 (9/01)

150.00
5/16/02
aw