

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90119 003 ***550.00

DOCUMENT # 505471

1. Entity Name

EPIE COMMUNITIES, INC.

DO NOT WRITE IN THIS SPACE

873798

2. Principal Place of Business
10600 S.W. 96th St, Miami, FL 33176

3. Mailing Address
**3884 Twisted Trails
Prescott, AZ, 86301**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
Prescott, AZ

4. FEI Number
59-1676764

Applied For
Not Applicable

Zip Country
33176 USA

Zip Country
86301 USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SEMET, BARRY

Street Address (P.O. Box Number is Not Acceptable)

201 ALHAMBRA CIRCLE, 8th Flr.

City

CORAL GABLES

FL

Zip Code
33134

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	P DIMERCURIO, SALVATORE 10600 S.W. 96TH STREET MIAMI, FLORIDA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHAN, FLORENCE 10600 S.W. 96TH STREET MIAMI, FLORIDA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHAN, FLORENCE 10600 S.W. 96TH STREET MIAMI, FLORIDA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOPEZ, JOANNE 10600 S.W. 96TH STREET MIAMI, FLORIDA
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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, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address with another like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/02 (928)778-0149

Date Daytime Phone #

CR2E034B (12/01)