2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) | | | | | | FILED Apr 28, 2003 8:00 am Secretary of State | | | |
|---|--|--|-------------------|--|-----------------|--|---|------------------------------|-----------------|
| DOCUMENT # 505471 1. Entity Name EPIC COMMUNITIES, INC. | | | | | | 04-28-2003 90288 042 ***150.00 | | | |
| Principal Place of Business 10度00米W29KD5米型9EKT MIXMUXEX XXXX8 96x | | Mailing Address 3894 77 1682 7 RANG XFR FOR THE TEST TO THE TEST T | | | | 11019609 | | | |
| | Place of Business S.W. 85th Street | 3. Mailing Address 9260 S.W. 85th Street | | | | | 14 8 11 0 (011 0101 6101 6101 6101 610 | [B] B] B] B F | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | |
| City & Stat Mia ரு | i, Florida 33173 | City & State Miami, Florid | ia 33 | 3173 | 4. FE | 59-1676764 | <u> </u> | plied For t Applicable | } |
| Zip | Country | Zip | Counti | y J.S | 5 . C | ertificate of Status Desired | \$8.75 Add | | |
| | 6. Name and Address of Current R | egistered Agent | | | 7. Na | ame and Address of New Registe | red Agent | | |
| CENET D | MADOV | , | ļ | Name | | | | | |
| SEMET, BARRY 201 ALHAMBRA CIRCLE, 8TH FLR | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| CORAL G | ABLES FL 33134 | | | City | | | FL Zip Code | . | - |
| | | | | | | | | | |
| | named entity submits this statement for tions of registered agent. | the purpose of changing its R | gistere | a office or regit | stereu age | nt, or both, in the State of Florida. | i am iamiliar with, | and accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent an | d title if englicable (NOTE: | Registered | Agent signature requ | - | etating) D | ATE | | |
| | <u>```,</u> | d and approache. | | Agent aignature requ | unco arrentem | stating, | | | 1 |
| Afte | ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of | State | | | | Election Campaign Financing Trust Fund Contribution. | | 0 May Be I to Fees | |
| á0. | OFFICERS AND D | | 11. | | ADD | ITIONS/CHANGES TO OFFICERS | AND DIRECTORS | 3 IN 11 | Ì |
| TITLE | P | X Delete | TITLE | P | | | ☐ Change | X Addition | 8 |
| NAME | DIMERCURIO, SALVATORE | 2 5000 | NAME | | | opher J. DiMercueio |) | | CR2E034 (10/02) |
| STREET ADDRESS CITY-ST-ZIP | 9199 NAKOMA WAY BROOKSVILLE FL | | STREE CITY-S | | | .W. 85th Street | | | 83 |
| TILTE | S | X Delete | TITLE | | | F1. 33173 | Change | X) Addition | RZE |
| NAME | CHAN, FLORENCE | , MAI DESESTE | NAME | S | | DiMercurio | change | ga, rioditori | ਹ |
| STREET ADDRESS | 9199 NAKOMA WAY | | | | | . DiMercurio .W. 85th St. | | | |
| CITY-ST-ZIP | BROOKSVILLE FL | | CITY-S | | <u>liami,</u> | F1. 33173 | F=1.01 | | |
| TITLE NAME | CHAN, FLORENCE | Delete | . TITLE . Name | | - | angga dawa in the fact of the same of the same | Change | Addition | _ |
| STREET ADDRESS | 9169 NOKOMAXWAY | | | ADDRESS 9 | 9260 S | .W. 85th Street | | j | |
| CITY-ST-ZIP | BROOKSVILLER RL | | CITY-S | ST-ZIP N | Miami, | Florida 33173 | | | l |
| TITLE | VP | ☐ Delete | TITLE | | | | X Change | ☐ Addition | |
| NAME STREET ADDRESS | LOPEZ, JOANNE STOSINAKOME WAY | | NAME STREET | ADDRESS | 92 6 0 S | .W. 85th Street | | | } |
| CITY-ST-ZIP | BROOKSVILLE FIX 84613 | | CITY-S | 1 | | Florida 33173 | | ! ! | |
| TITLE | | ☐ Delete | TITLE | VP | Marke | eting | ☐ Change | Addition | |
| NAME | | | NAME | 1 00 | bert / | A. DiMercurio | | | |
| STREET ADDRESS : CITY-ST-ZIP | | | STREET CITY-S | | | V. 85th Street Florida 33172 | | | |
| | | | TITLE | | | perations | ☐ Change | X Addition | |
| TITLE NAME | | ☐ Delete | NAME | | | | C Gliange | M Pagnion | |
| STREET ADDRESS | | • | STREET | | | J. DiMercurio V. 85th St. | | | |
| CITY-ST-ZIP | <u> </u> | | CITY-S | | | F1. 33173 | | | |
| 12. I hereby o | certify that the information supplied with the | his filing does not qualify for the | ne exem | ption stated in | Section 11 | 19.07(3)(i), Florida Statutes, I furthe | r certify that the in | formation (| i |

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: