


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020946
FP

DOCUMENT # A00000001636

1. Entity Name
EPC HOLDINGS LIMITED PARTNERSHIP



FILED
03 MAR 12 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
1327 N. GREENWOOD
CORAL GABLES FL 33134

Mailing Address
1327 N. GREENWOOD
CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 52-2277613

Applied For
Not Applicable

City & State

Zip

Country

Zip

Country

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

PEREZ-CARRILLO, ERNESTO
1327 N. GREENWOOD
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
P00000101649	PEREZ-CARRILLO INVESTMENTS, INC.	1327 N. GREENWOOD	CORAL GABLES FL 33134

STREET ADDRESS	CITY-ST-ZIP

800013994298
03/12/03 01057 021 **141.25

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)