

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J59777

1. Entity Name

EPITOMI, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90042 037 ***150.00

Principal Place of Business

4119 NW 135TH ST
OPA LOCKA FL 33054
US

Mailing Address

12400 SW 134TH CT
STE 11
MIAMI FL 33186-6499
US

2. Principal Place of Business

12400 SW 134TH COURT

3. Mailing Address

SAME.

Suite, Apt. #, etc.

Suite # 11

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33186

Country

Zip

Country

4. FEI Number

65-0421781

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JARRETT, MCIVAN
4119 NW 135TH ST
OPA LOCKA FL 33054

7. Name and Address of New Registered Agent

Name

MCIVAN A. JARRETT

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

12400 S.W. 134TH COURT, STE 11

City

MIAMI

FL

Zip Code

33186

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, 2000 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 ☐ Delete
NAME JARRETT, MCIVAN A
STREET ADDRESS 5223 SW 149TH PLACE
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ Delete
NAME LEACOCK-JARRETT, JOY H
STREET ADDRESS 5223 SW 149TH PLACE
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-971-5370

3/14/00

Date

Daytime Phone #

CR2E034 (9/99)