

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

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

09-25-2002 90122 043 \*\*\*150.00

DOCUMENT # **J87843**

1. Entity Name  
**EPIS, Inc.**

010008

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1640 N.W. 17 Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**8357 W. Flagler Street**  
Suite, Apt. #, etc.  
**PMB #128**

DO NOT WRITE IN THIS SPACE

City & State  
**Miami, Florida**  
Zip  
**33125**

City & State  
**Miami, Florida**  
Zip  
**33144** Country  
**USA**

4. FEI Number  
**65-0027484**

Applied For
Not Applicable

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  
**Galleno J.L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1640 N.W. 17 Avenue**  
City  
**Miami** FL Zip Code  
**33125**

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 \_\_\_\_\_ DATE **9/1/02**

9. This corporation is eligible to satisfy its international 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 \$450.00  
Amended UBR is \$41.25  
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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<b>Galleno J.L. Dir</b>	<b>1640 N.W. 17 Avenue</b>	<b>Miami, Florida 33125</b>				
	<b>Galleno Elizabeth Dir</b>	<b>1640 N.W. 17 Avenue</b>	<b>Miami, Florida 33125</b>				
	<b>Galleno, Luis Dir</b>	<b>1640 N.W. 17 Avenue</b>	<b>Miami, Florida 33125</b>				

**DO NOT WRITE IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/1/02** (305) 904-1202  
Daytime Phone #

Attachment

873808

# J87843



**E.P.I.S. Inc.**

Research • Intelligence & Background Analysis

8357 W. Flagler St.  
Suite 128  
Miami, Florida 33144  
Tel: (305) 884-2464

Florida Department of State  
Division of Corporations  
Filing Department  
P.O. Box 6327  
Tallahassee, Florida 32314

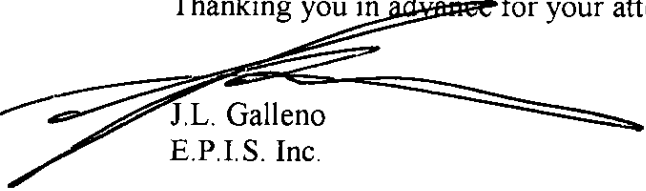
Ref Doc # J87843

To whom it may concern:

Pursuant to a telephone conversation with an agent from your department, I am writing you to inform you that due a move we never received the forms for filing our business report.

Therefore we have now download forms from your website, and are filing the forms for the year 2002.

Thanking you in advance for your attention in this matter.



J.L. Galleno  
E.P.I.S. Inc.