

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # K92032**

1. Entity Name

EPIX VII, INC.**FILED**
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90054 045 ***150.00

Principal Place of Business

Mailing Address

**3710 CORPOREX PARK DR
SUITE 300
TAMPA FL 33619-9266****ASPEN CORP PARK I
1480 RT 9 NORTH
WOODBRIIDGE NJ 07095
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2951378**

Applied For

Not Applicable

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

**MOORE, MICHAEL M
3710 CORPOREX PARK DR
STE #300
TAMPA FL 33619**

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.

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	C			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	Wajnert, Thomas C	3710 CORPOREX PARK DR, #300	TAMPA FL 33619							
	CPD			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	Taylor, Thomas S	3710 CORPOREX PARK DR, #300	TAMPA FL 33619							
	D			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	Rosenthal, Steve A	ASPEN CORP PK 1 1480 RT 9 N	WOODBRIIDGE NJ 07095							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Rosenthal

Date

1/24/01 (732) 855-8585

Daytime Phone #

CR2E034 (10/00)