

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000071

1. Entity Name

EPOCH CULTURAL ARTS GROUP, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90018 025 ****70.00

Principal Place of Business

7602 SW 7TH PLACE
NORTH LAUDERDALE FL 33068

Mailing Address

7602 SW 7TH PLACE
NORTH LAUDERDALE FL 33068-1313

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 9125

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale, FL 33310

4. FEI Number

52-214-5372

Applied For

Not Applicable

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

ANTOINE, DAPHANEY
7602 SW 7TH PLACE
NORTH LAUDERDALE FL 33068

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME BELLANDE, FRANCOISE
STREET ADDRESS 810 NW 86TH AVENUE, APT. 105
CITY-ST-ZIP PLANTATION FL 33324

TITLE Stephen Boylan ☐ Change ☐ Addition
NAME P.O. Box 5726
STREET ADDRESS Fort Lauderdale, Fl. 33310
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PIERRE, MARIE R
STREET ADDRESS 7602 SW 7 PLACE
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

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

TITLE D ☐ Delete
NAME ANTIONE, ADELAINE
STREET ADDRESS 4118 RIVERSIDE DRIVE, APT. B
CITY-ST-ZIP CORAL SPRINGS FL 33065

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)