

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90135 046 ***150.00

0190842

DOCUMENT # P00000047127

1. Entity Name
E.P.A., INC.

Principal Place of Business

**5700 SW 39 ST
 MIAMI FL 33155**

Mailing Address

**5700 SW 39 ST
 MIAMI FL 33155**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1009813

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**XIQUES, ALBERT J ESQ
 1000 BRICKELL AVENUE SUITE 660
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

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 State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

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

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

P/C JOSE M. CUBAS ☐ Change ☐ Addition
 199 OCEAN LN. DR.
 KEY BISCAYNE, FL. 33149

V/D EDITH CUBAS ☐ Change ☐ Addition
 199 OCEAN LN. DR.
 KEY BISCAYNE, FL. 33149

S/D MERCEDES CUBAS ☐ Change ☐ Addition
 1408 BRICKELL BAY DR.
 MIAMI, FL. 33131

D ALINA C. FONTENEAU ☐ Change ☐ Addition
 1408 BRICKELL BAY DR.
 MIAMI, FL 33131

M/D JULIO PEREZ ☐ Change ☐ Addition
 5700 S.W. 39TH ST.
 MIAMI, FL 33155

ASST. S ALISSA JENSEN ☐ Change ☐ Addition
 1401 BRICKELL AVE #1100
 MIAMI, FL. 33131

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE M. CUBAS

2/15/2001 (305)372-8630

Date

Daytime Phone #

CR2E034 (10/00)