

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087738

1. Entity Name

EPIC GROUP INTERNATIONAL, INC.

**FILED**  
May 22, 2001 8:00 am  
Secretary of State

05-22-2001 90634 036 \*\*\*150.00

Principal Place of Business

6187 NW 167TH ST., STE. H-5  
MIAMI FL 33015

Mailing Address

6187 NW 167TH ST., STE. H-5  
MIAMI FL 33015

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

65-1094374

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

FILINGS

3732 NW 16TH ST.

FT. LAUDERDALE FL 33311

Name

ANDREW FOXA JR.

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

6187 NW 167th St

Suite H5

City

MIAMI

FL

Zip Code

33015

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

5/17/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete  
NAME SMITH, CHAPMAN  
STREET ADDRESS 6187 NW 167TH ST.  
CITY-ST-ZIP MIAMI FL 33015

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

TITLE D ☐ Delete  
NAME FUXA, ANDREW JR  
STREET ADDRESS 6187 NW 167TH ST.  
CITY-ST-ZIP MIAMI FL 33015

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6187 NW 167th Ste. H5  
CITY-ST-ZIP MIAMI, FL 33015

TITLE D ☐ Delete  
NAME INGUANZO, FRANK  
STREET ADDRESS 6187 NW 167TH ST.  
CITY-ST-ZIP MIAMI FL 33015

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6187 NW 167th Ste. H5  
CITY-ST-ZIP MIAMI FL 33015

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

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

5/17/01

Date

(305) 821-7747

Daytime Phone #

CR2E034 (10/00)