

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90118 016 ***150.00

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DOCUMENT # P00000087738

1. Entity Name
EPIC GROUP INTERNATIONAL, INC.

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**12555 ORANGE DR
 Suite, Apt. #, etc.
 SUITE 119**

3. Mailing Address

**12555 ORANGE DR
 Suite, Apt. #, etc.
 SUITE 119**

City & State
DAVIE FL

City & State
DAVIE FL

4. FEI Number
65-1094374

Applied For
 Not Applicable

Zip
33330

Country
USA

Zip
33330

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FUXA, JR, ANDREW
 6187 NW 167TH ST
 STE H5
 HIALEAH FL 33015**

7. Name and Address of New Registered Agent

Name
ANDREW FUXA JR
 Street Address (P.O. Box Number is Not Acceptable)
**12555 ORANGE DR
 SUITE 119**
 City **DAVIE** **FL** Zip Code **33330**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D FUXA, ANDREW JR 6187 NW 167TH ST STE H5 MIAMI FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGUANZO, FRANK 6187 NW 167 ST STE H5 MIAMI FL 33015	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREW FUXA JR 12555 ORANGE DR # 119 DAVIE, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK INGUANZO 12555 ORANGE DR # 119 DAVIE, FL 33330	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-02 954-423-9600
 Date Daytime Phone #

CR2E034 (9/01)