

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2001 8:00 am
Secretary of State

07-13-2001 90007 044 ***550.00

C0073407

DO NOT WRITE IN THIS SPACE

DOCUMENT # *P00000090584*

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

Principal Place of Business 10570 N.W. 7 STREET SUITE 203 MIAMI, FLORIDA 33172	Mailing Address 10570 N.W. 7 STREET SUITE 203 MIAMI, FLORIDA 33172
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2. Principal Place of Business 12002 S.W. 101 STREET	3. Mailing Address 12002 S.W. 101 STREET
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
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Zip 33186	Country U.S.A.	Zip 33186	Country U.S.A.
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4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CARLOS A. TRIAY
10570 N.W. 7 STREET
SUITE 203
MIAMI, FLORIDA 33172

7. Name and Address of New Registered Agent

Name
CARMELO DIAZ-MARTINEZ

Street Address (P.O. Box Number is Not Acceptable)
12002 S.W. 101 STREET

City
MIAMI,

FL Zip Code
33186

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]* **CARMELO DIAZ-MARTINEZ, VP** *7/10/01*
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. <small>(See criteria on back)</small> <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LUIS HERRERA 10570 N.W. 7 STREET, #103 MIAMI, FLORIDA 33172 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARITZA P. RIVERA 10570 N.W. 7 STREET MIAMI, FLORIDA 33172 <input checked="" 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	P EDUARDO PUBILL RIVERA MARGINAL SAN-AGUSTIN KM 1,8 RIO PIEDRAS, PUERTO RICO 00923 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMELO DIAZ-MARTINEZ 12002 S.W. 101 STREET MIAMI, FLORIDA 33186 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARITZA PUBILL RIVERA MARGINAL SAN AUGSTIN KM 1,8 RIO PIEDRAS, PUERTO RICO 00923 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSALMA PUBILL RIVERA MARGINAL SAN AGUSTIN KM 1,8 RIO PIEDRAS, PUERTO RICO 00923 <input type="checkbox"/> Change <input checked="" 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]* **CARMELO DIAZ-MARTINEZ, VP** *7/10/01* 305-299-2662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (11/00)