FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State
07-02-2002 90813 013 ***550.00

DOCUMENT # P00000090584

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

DO NOT WRITE IN THIS SPACE

B0126788

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12002 SW 101 Street	12002 SW 101 Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33186 Country: U.S.A.	Zip: 33186 Country: U.S.A.

4. FEI Number: 65-1113548 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jerry Green
Street Address (P.O. Box Number is Not Acceptable): 9200 S. Dadeland Blvd. Suite 700
City: Miami FL Zip Code: 33156

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 _____ , Jerry Green, Esquire
Signature, type 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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS

TITLE P NAME Eduardo Pubill Rivera STREET ADDRESS Marginal San Agustin KM 1,8 CITY-ST-ZIP Rio Piedras, Puerto Rico 00923		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VP NAME Edgardo Pubill Rivera STREET ADDRESS Marginal San Agustin KM 1,8 CITY-ST-ZIP Rio Piedras, Puerto Rico 00923		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ST NAME Maritza Pubill Rivera STREET ADDRESS Marginal San Agustin KM 1,8 CITY-ST-ZIP Rio Piedras, Puerto Rico 00923		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 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 #

CR2E034B (12/01)