

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90146 007 \*\*\*150.00

**DOCUMENT # P01000026375**

1. Entity Name  
**EPHARA ENTERPRISES CORPORATION**

Principal Place of Business      Mailing Address

**10171 N.W. 59TH DRIVE**      **10171 N.W. 59TH DRIVE**  
**PARKLAND FL 33076**      **PARKLAND FL 33076**

2. Principal Place of Business      3. Mailing Address

**5586 N.W. 125 Ter.**      **5586 N.W. 125 Ter.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Coral Springs FL**      **Coral Springs FL**

Zip      Country      Zip      Country

**33076**      **USA**      **33076**      **USA**

4. FEI Number      Applied For

**611090565**      Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**THEARD, JULES**  
**10171 N.W. 59TH DRIVE**  
**PARKLAND FL 33076**

7. Name and Address of New Registered Agent

Name  
**Magaly Charlier**

Street Address (P.O. Box Number is Not Acceptable)  
**5586 N.W. 125 Terrace**

City      State      Zip Code  
**Coral Springs**      **FL**      **33076**

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      DATE **Apr. 07, 02**

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, 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MARIE CARMEL MAGALY CHARLIER</b>
STREET ADDRESS	<b>10171 N.W. 59TH DRIVE</b>
CITY-ST-ZIP	<b>PARKLAND FL 33076</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>5586 N.W. 125 Ter.</b>
CITY-ST-ZIP	<b>Coral Springs FL 33076</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 to this address, with all other like empowered.

SIGNATURE:      DATE **Apr 07, 02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

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CR2E034 (9/01)