

FILED
Sep 17, 2003 8:00 am
Secretary of State

03-31-2003 90303 008 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000003830

1. Entity Name

EPAPHAX PUBLISHING INC.



Principal Place of Business

1150 N.W. 72ND AVE.
SUITE 555
MIAMI FL 33063

Mailing Address

1150 N.W. 72ND AVE.
SUITE 555
MIAMI FL 33063

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

01-0595009

Applied For

Not Applicable

5. Certificate or Statute Desired

☐\$8.75 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

55056689

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, JUAN C

7875 MARGATE BLVD. #102

MARGATE FL 33063

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Handwritten, typed or printed name of registered agent and itself if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

After September 15, 2003, the fee for filing this report is \$5.00. If the report is filed after September 15, 2003, the fee for filing this report is \$5.00. If the report is filed after September 15, 2003, the fee for filing this report is \$5.00.

9. Election Campaign Financing
 Trust Fund Contribution

☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS (Delete as Applicable)

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Delete
 NAME: PEREZ, JUAN C
 STREET ADDRESS: 7875 MARGATE BLVD. #102
 CITY-ST-ZIP: MARGATE FL 33063

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
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 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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 STREET ADDRESS:
 CITY-ST-ZIP:

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 10 or Block 11, if applicable, or on an attachment with an address with all other like empowered.

SIGNATURE: X

Juan C. Perez

7/2/03

305-944-1537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

