

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90986 049 \*\*\*158.75

**DOCUMENT # P02000071979**

**1. Entity Name**  
**EPIXTAR FINANCIAL CORP.**



**Principal Place of Business**  
**11900 BISCAYNE BLVD., SUITE #262**  
**MIAMI FL 33181**

**Mailing Address**  
**11900 BISCAYNE BLVD., SUITE #262**  
**MIAMI FL 33181**

**11022302**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. Fed Number**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GAMBONE, DEBORAH ESQ.**  
**11900 BISCAYNE BLVD., SUITE #262**  
**MIAMI FL 33181**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** PD ☐ Delete  
**NAME** RHODES, WILLIAM JR.  
**STREET ADDRESS** 11900 BISCAYNE BLVD., SUITE #262  
**CITY-ST-ZIP** MIAMI FL 33181

**TITLE** S ☐ Change ☒ Addition  
**NAME** Deborah Gambone  
**STREET ADDRESS** 11900 Biscayne Blvd., Suite 262  
**CITY-ST-ZIP** Miami, FL 33181

**TITLE** SD ☒ Delete  
**NAME** MYATT, JASON  
**STREET ADDRESS** 11900 BISCAYNE BLVD., SUITE #262  
**CITY-ST-ZIP** MIAMI FL 33181

**TITLE** D ☐ Change ☒ Addition  
**NAME** Irving Greenman  
**STREET ADDRESS** 11900 Biscayne Blvd., Suite 262  
**CITY-ST-ZIP** Miami, FL 33181

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

**TITLE** D ☐ Change ☒ Addition  
**NAME** Martin Miller  
**STREET ADDRESS** 11900 Biscayne Blvd., Suite 262  
**CITY-ST-ZIP** Miami, FL 33181

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

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

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

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

**TITLE** ☐ Delete  
**NAME**  
**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)(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 10 or Block 11 if changed, 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 #

CR2E034 (10/02)