

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

2005 Amended A/R

1 of 2

10/2

DOCUMENT # P94000045741

1. Entity Name

EPIXTAR CORP.



FILED

05 SEP -8 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11900 BISCAYNE BLVD.

3. Mailing Address

11900 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 700

Suite, Apt. #, etc.

SUITE 700

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33181

Country

USA

Zip

33181

Country

USA

4. FEI Number

65-0722193

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

DEBORAH GAMBONE, ESQ.

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

11900 BISCAYNE BLVD.

SUITE 700

City

MIAMI

FL

Zip Code

33181

DO NOT WRITE  
IN THIS SPACE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO/C  
MILLER, MARTIN  
11900 BISCAYNE BLVD. SUITE 700  
MIAMI, FL 33181

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500059740635  
09/19/05--01046--014 \*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/CFO/D  
GREENMAN, IRVING  
11900 BISCAYNE BLVD. SUITE 700  
MIAMI, FL 33181

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V/S  
GAMBONE, DEBORAH  
11900 BISCAYNE BLVD. SUITE 700  
MIAMI, FL 33181

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
BROWN, ROBERT  
11900 BISCAYNE BLVD. SUITE 700  
MIAMI, FL 33181

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GOLDSTEIN, SHELDON  
11900 BISCAYNE BLVD. SUITE 700  
MIAMI, FL 33181

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
COONEY, JOHN  
11900 BISCAYNE BLVD. SUITE 700  
MIAMI, FL 33181

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DO NOT WRITE  
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Deborah Gambone

DEBORAH GAMBONE SECRETARY

9/7/05

305-503-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

ATTACHMENT  
2 of 2

*2012*

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SUITE 700

City

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Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D  
BERMAN, DAVID  
STREET ADDRESS  
11900 BISCAYNE BLVD. SUITE 700  
CITY-ST-ZIP  
MIAMI, FL 33181

TITLE  
NAME  
D  
ELAN, KENNETH  
STREET ADDRESS  
11900 BISCAYNE BLVD. SUITE 700  
CITY-ST-ZIP  
MIAMI, FL 33181

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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SIGNATURE

*Deborah Gambone*

DEBORAH GAMBONE SECRETARY

9/7/05

305-503-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034R (12/02)