

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000003917

1. Entity Name

EPIX III, Inc. ✓

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**

06-07-2000 90438 045 \*\*\*150.00

Principal Place of Business

Mailing Address

3710 Corporex Park Dr  
Tampa FL 33619

1480 Route 9 North  
Woodbridge NJ 07095

2. Principal Place of Business

3710 Corporex Park Dr

Suite, Apt. #, etc.

Suite 300

City & State

Tampa FL

Zip

33619

Country

3. Mailing Address

1480 Route 9 North

Suite, Apt. #, etc.

City & State

Woodbridge NJ 07095

Zip

07095

Country

4. FEI Number

65-0551232

Applied For

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

7. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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

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, 2000 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 ☐ Delete

NAME Steve Rosenthal

STREET ADDRESS 7 Dante Rd

CITY-ST-ZIP Monroe Twp NJ

TITLE ☐ Delete

NAME Treasurer & Co President

STREET ADDRESS 2000 Broadway Apt 24 E

CITY-ST-ZIP New York, NY 10023

TITLE ☐ Delete

NAME Secretary

STREET ADDRESS 515 E 72nd St Apt 26 H

CITY-ST-ZIP New York, NY 10021

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

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

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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)