

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90308 027 \*\*\*150.00

DOCUMENT # P95000003917

1. Entity Name  
**EPIX III**

Principal Place of Business  
**3710 Corporex Park Dr  
 Tampa FL 33619**

Mailing Address  
**1480 Route 9 North  
 Woodbridge NJ 07095**

2. Principal Place of Business  
**3710 Corporex Park Dr**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1480 Route 9 North**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Tampa FL**

City & State  
**Woodbridge NJ**

4. FEI Number  
**65-0551232**

Applied For  
 Not Applicable

Zip  
**33619**

Country  
**US**

Zip  
**07095**

Country  
**US**

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

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

**CT Corporation System  
 1200 South Pine Island Rd  
 Plantation FL 33324**

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

Name  
**CT Corporation Systems**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Rd**  
 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, 2001 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 **P Steve Rosenthal**  
 STREET ADDRESS **1480 Route 9 North**  
 CITY-ST-ZIP **Woodbridge NJ 07095**

TITLE ☐ Delete  
 NAME **T Thomas Taylor**  
 STREET ADDRESS **3710 Corporex Park Dr**  
 CITY-ST-ZIP **Tampa FL 33619**

TITLE ☐ Delete  
 NAME **S Peter Deutsch**  
 STREET ADDRESS **342 Madison Ave Ste 622**  
 CITY-ST-ZIP **New York, NY 10173**

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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TITLE ☐ Change ☐ Addition  
 NAME  
 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Steve Rosenthal**

Date

Daytime Phone #

**2/21/01 732-855-8585**

CR2E034 (11/00)