

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054032

1. Entity Name

EPI 1755, INC.

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90209 020 \*\*\*158.75

Principal Place of Business

Mailing Address

3511 WEST COMMERCIAL BLVD  
SUITE 307  
FORT LAUDERDALE FL 33309  
US

3511 WEST COMMERCIAL BLVD  
SUITE 307  
FORT LAUDERDALE FL 33309  
US

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 65-0764511

Applied For

Not Applicable

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

DARDASHTI, DAVID  
3511 WEST COMMERCIAL BLVD  
SUITE 317  
FORT LAUDERDALE FL 33309

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DARDASHTI, DAVID	
STREET ADDRESS	3770 CHASE AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRONSTEIN, HILLEL	
STREET ADDRESS	16 WEST 36TH STREET	
CITY-ST-ZIP	NEW YORK NY 10018	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARDASHTI, IRENE	
STREET ADDRESS	3770 CHASE AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Dardashti	
STREET ADDRESS	3511 West Commercial Blvd #317	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Irene Dardashti	
STREET ADDRESS	3511 West Commercial Blvd #317	
CITY-ST-ZIP	Fort Lauderdale, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

David Dardashti

04/25/01

954-714-8200

Date

Daytime Phone #

CR2E034 (10/00)