

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083740

1. Entity Name
EPC PROPERTIES, INC.

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90106 047 ***550.00

Principal Place of Business
1200 BRICKELL AVE., SUITE 1720
MIAMI FL 33131

Mailing Address
1200 BRICKELL AVE., SUITE 1720
MIAMI FL 33131

ADDU3304



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number
Applied For
Not Applicable

5. Certificate of Status Desired
Country

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WALLACE, MILTON J
1200 BRICKELL AVE., SUITE 1720
MIAMI FL 33131

7. Name and Address of New Registered Agent
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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	TITLE	Perez Carrillo, Ernesto	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ-CARRILLO, ERNESTO		NAME	1511 SW 13 ST.	
STREET ADDRESS	1106 SW 8TH ST.		STREET ADDRESS	MIAMI, FL 33145	
CITY-ST-ZIP	MIAMI FL 33130		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Perez Carrillo, Elena	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	1511 SW 13 ST.	
STREET ADDRESS			STREET ADDRESS	MIAMI, FL 33145	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	Perez Carrillo, Elena	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	1511 SW 13 ST.	
STREET ADDRESS			STREET ADDRESS	MIAMI, FL 33145	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	S, D Mc Phillips, Lisette	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	1511 SW 13 ST.	
STREET ADDRESS			STREET ADDRESS	MIAMI, FL 33145	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **SIGNATURE REQUIRED**
Date: 8-11-2000 Daytime Phone #: (305) 662-7272

CR2E034 (5/00)