

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90031 010 \*\*\*150.00

0237919 AV

**DOCUMENT # P99000083740**

**1. Entity Name**  
**EPC PROPERTIES, INC.**

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

**Mailing Address**  
4649 PONCE DE LEON #404  
MIAMI FL 33146



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**4. FEI Number**  
65-0954755

Applied For  
Not Applicable

Zip

Country

Zip

Country

**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**

WALLACE, MILTON J  
1200 BRICKELL AVE., SUITE 1720  
MIAMI FL 33131

Name *Ernesto Perez Carrillo*  
Street Address (P.O. Box Number is Not Acceptable)  
*1511 SW 13 ST*  
City *MIAMI* FL Zip Code *33145*

**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, 2002 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	T	<input type="checkbox"/> Delete
NAME	PEREZ-CARRILLO, ERNESTO JR	
STREET ADDRESS	1511 SW 13 ST	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PEREZ-CARRILLO, ELENA	
STREET ADDRESS	1511 SW 13 ST	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCPHILLIPS, LISSETTE	
STREET ADDRESS	1511 SW 13 ST	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ-CARRILLO, ERNESTO	
STREET ADDRESS	1106 SW 8TH ST	
CITY-ST-ZIP	MIAMI FL 33130	
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"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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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

Date

Daytime Phone #

3/29/02

CR2E034 (9/01)