

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90187 014 ***158.75

DOCUMENT # S98488

1. Entity Name:
EPIS INTERIORS, INC.

Principal Place of Business

Mailing Address

5913 SNOWDROP WAY
 WEST PALM BEACH FL 33415
 US

P O BOX 222201
 WEST PALM BEACH FL 33422-2201
 US

2. Principal Place of Business

3. Mailing Address

9745 SW 16th ST.

9745 SW 16th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami Florida

City & State
Miami, Florida

4. FEI Number **65-0201262**

Applied For
 Not Applicable

Zip **33165**

Country **Dade**

Zip **33165**

Country **Dade**

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

RODRIGUEZ, CARLOS A
200 SEABROOK RD
TEQUESTA FL 33469

Name **Carlos A. Rodriguez**

Street Address (P.O. Box Number is Not Acceptable)
9745 SW 16th Street

City **Miami** FL Zip Code **33165**

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: 

(NOTE: Registered Agent signature required when reinstating)

02-15-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete
 NAME **RODRIGUEZ, CARLOS A**
 STREET ADDRESS **5130 ELMHURST RD / G**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE Change Addition
 NAME **Carlos A. Rodriguez**
 STREET ADDRESS **9745 SW 16th St.**
 CITY-ST-ZIP **Miami, FL 33165**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 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 information.

SIGNATURE:

 **Carlos A. Rodriguez** **02-15-00** **561-373-1678**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)