

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90121 048 \*\*\*158.75

**DOCUMENT #** V 38242

**1. Entity Name**

E.P.S.P. Trading, Inc.

**90030353**

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

8232 SW 84<sup>th</sup> Ter.

Suite, Apt. #, etc.

**3. Mailing Address**

8232 SW 84<sup>th</sup> Ter.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

MIAMI FL

**City & State**

MIAMI FL

**4. FEI Number**

65-0336876

**Applied For**

Not Applicable

**Zip**

33143-6969

**Country**

US

**Zip**

33143

**Country**

US

**5. Certificate of Status Desired**

☒

**\$8.75 Additional  
Fee Required**

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

**Name**

EVANGELISTA PEREIRA

**Street Address (P.O. Box Number is Not Acceptable)**

8232 SW 84 Terrace

**City**

MIAMI

**FL**

**Zip Code**

33143-6969

**DO NOT WRITE  
IN THIS SPACE**

**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)**

☐

**January 1 - May 1: Fee is \$150.00  
After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

<b>TITLE</b>	PD
<b>NAME</b>	EVANGELISTA PEREIRA
<b>STREET ADDRESS</b>	8232 SW 84 Terrace
<b>CITY-ST-ZIP</b>	MIAMI FL 33143-6969
<b>TITLE</b>	D
<b>NAME</b>	YOLANDA PEREIRA
<b>STREET ADDRESS</b>	8232 SW 84 Terrace
<b>CITY-ST-ZIP</b>	Miami FL 33143-6969
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Evangelista Pereira*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVANGELISTA PEREIRA

02-17-03

(305) 270-7307

Date

Daytime Phone #

CR2E034B (12/01)