2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

FILED DOCUMENT # **G87140** Mar 01, 2000 8:00 am 1. Entity Name Secretary of State EDMA ENTERPRISES, INC. 03-01-2000 90083 009 ***150.00 Principal Place of Business Mailing Address 224 SW 22ND AVE. 224 SW 22ND AVE. MIAMI FL 33135 MIAMI FL 33135-1505 2. Principal Place of Business 3. Mailing Address OO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2357836 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RAMOS. JORGE H.: P:A-Street Address (P.O. Box Number is Not Acceptable) 2250 SW 3RD AVE. THIRD FLOOR MIAMI FL 33129 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE Change ☐ Addition TITLE ☐ Delete MARABOTTO, EDUARDO P. NAME NAME STREET ADDRESS 13574 SW 114TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE TITLE MARABOTTO, GEORGINA NAME 13574 SW 114TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE MARABOTTO, EDUARDO J. NAME NAME 13616 SW 112TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE MARABOTTO, MARIA V. NAME 2138 SW 22ND TERRACE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.