FILED
Jun 02, 2002 8:00 am
Secretary of State
05-14-2002 90292 019 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000042463

1. Entity Name
EDGE EDUCATION & CONSULTING, INC.

DO NOT WRITE IN THIS SPACE

33784

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
8224 SW 177TH TERRACE		8224 SW 177TH TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MIAMI, FL		City & State: MIAMI, FL.	
Zip: 33157	Country: US	Zip: 33157	Country: US

4. FEI Number: 65-1097166 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

Name: JAMES A. KENT

Street Address (P.O. Box Number Is Not Acceptable): 10621 N. KENDALL DR.

STE. 120

City: MIAMI, FL Zip Code: 33176

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 James A. Kent 5/28/02

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

TITLE	DPST	TITLE	
NAME	LEIRA, RAMON D.	NAME	
STREET ADDRESS	8224 SW 177TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33157	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	LEIRA, HILDA M.	NAME	
STREET ADDRESS	8224 SW 177TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL. 33157	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

12. 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] President 4-26-2002 305 252 9885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1 Ramon D. Leira