

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P98000066795

FILED
Apr 19, 2002 8:00 AM
Secretary of State

Entity Name: EDEN HOLDINGS COMPANY

Current Principal Place of Business:

9415 SW 144 STREET
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

9415 SW 144 STREET
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 65-0861379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDEN, ADIB
9415 SW 144 ST
MIAMI, FL 33176

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: EDEN, ADIB
Address: 9415 SW 144 ST
City-St-Zip: MIAMI, FL 33176

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: EDEN, ADIB
Address: 9415 SW 144 ST
City-St-Zip: MIAMI, FL 33176

Title: DVP () Change (X) Addition
Name: EDEN, NORMA
Address: 9415 SW 144 STREET
City-St-Zip: MIAMI, FL 33176

Title: NA () Change (X) Addition
Name: NA,
Address: NA
City-St-Zip: NA, NA NA

Title: NA () Change (X) Addition
Name: NA,
Address: NA
City-St-Zip: NA, NA NA

Title: NA () Change (X) Addition
Name: NA,
Address: NA
City-St-Zip: NA, NA NA

Title: NA () Change (X) Addition
Name: NA,
Address: NA
City-St-Zip: NA, NA NA NA

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADIB EDEN

Electronic Signature of Signing Officer or Director

DPS

04/19/2002

_____ Date