

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 522013

1. Entity Name

EDENVALE SOUTH, INC.

Principal Place of Business

1013 S.E. 9TH ST.  
FT. LAUDERDALE FL 33316

Mailing Address

1013 S.E. 9TH ST.  
FT. LAUDERDALE FL 33316

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

HULL, FLOYD V. JR.  
1000 SOUTHEAST 9TH AVE.  
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE DT  
NAME HOFFKES, ELIZABETH  
STREET ADDRESS 4218 MELIA DRIVE  
CITY-ST-ZIP MISSISSAUGA ON L5-C4J5

TITLE VSD  
NAME WINKELS, SOFIE  
STREET ADDRESS 2155 BURNHAMTHARPE RD. WEST  
CITY-ST-ZIP MISSISSAUGA ON L5-L5P4

TITLE SPD  
NAME WINKELS, FRITZ (ASS'T)  
STREET ADDRESS 2254 HIGH RIVER CT  
CITY-ST-ZIP MISSISSAUGA, ONT, CANADA L5-L3K4

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90082 040 \*\*\*150.00

760862



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1714913

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional**  
**Fee Required**

CR2E034 (10/00)