

8004

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

DOCUMENT # 567042

1. Entity Name

EDWARD CRAVEN, INC.



FILED

04 APR 29 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**DO NOT WRITE IN THIS SPACE**2. Principal Place of Business  
9821 East Bay Harbor Drive3. Mailing Address  
9821 East Bay Harbor DriveSuite, Apt. #, etc.  
#5Suite, Apt. #, etc.  
# 5

DO NOT WRITE IN THIS SPACE

City & State  
Bay Harbor IslandsCity & State  
Bay Harbor Islands4. FEI Number  
59-2068817Applied For  
Not ApplicableZip  
33154Country  
DadeZip  
33154Country  
Dade5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**DO NOT WRITE  
IN THIS SPACE**

## 7. Name and Address of Current Registered Agent

Name  
MALO, ClaudeStreet Address (P.O. Box Number is Not Acceptable)  
9821 East Bay Harbor Drive

Suite # 5

City  
Bay Harbor Islands

FL

Zip Code  
33154

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
MALO, Claude  
9821 East Bay Harbor Drive # 5  
Bay Harbor Islands FL 33154TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300035821833  
05/10/04--01078--020 \*\*150.00TITLE  
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CITY-ST-ZIP

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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Claude Malo Claude MALO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04 305-868-3161

Date

Daytime Phone #

CR2E034B (12/02)