

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90168 026 \*\*\*150.00

**DOCUMENT # 567042**

1. Entity Name  
**EDWARD CRAVEN, INC.**



Principal Place of Business  
~~10178 COLLINS~~  
~~110~~  
~~BAL HARBOUR FL 33154~~

Mailing Address  
~~10178 COLLINS~~  
~~110~~  
~~BAL HARBOUR FL 33154~~



2. Principal Place of Business

3. Mailing Address

**9821 East Bay Harbor Drive**

**9821 East Bay Harbor Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite #5**

**Suite #5**

City & State

City & State

**Bay Harbor Islands**

**Bay Harbor Islands**

Zip

Zip

**33154**

**33154**

**Dade**

**Dade**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2068817**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRAVEN, EDWARD**  
**10178 COLLINS AVE**  
**STE 110**  
**BAL HARBOUR FL 33154**

**Deceased**

Name **MALO, Claude**

Street 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

**Claude Malo**

**Claude Malo**

**April 7, 03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DV** ☒ Delete  
NAME **MALO, CLAUDE**  
STREET ADDRESS **10178 COLLINS #110**  
CITY-ST-ZIP **BAL HARBOUR FL 33154**

TITLE **President** ☒ Change ☐ Addition  
NAME **MALO, Claude**  
STREET ADDRESS **9821 East Bay Harbor Drive #5**  
CITY-ST-ZIP **Bay Harbor Islands FL 33154**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Claude MALO**

**4/7/03 305-868-3161**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)