

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91436 004 ***150.00

038878 AV

DOCUMENT # 572912

1. Entity Name
EDEN UNITED, INC.



Principal Place of Business
P. O. BOX 5403
FT. LAUDERDALE FL 33310-5403
US

Mailing Address
P.O. BOX 5403
FT. LAUDERDALE FL 33310-5403
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1863211**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GILBERT, GLEN R
1750 E. SUNRISE BLVD., 3RD FLOOR
FT. LAUDERDALE FL 33304

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 **PD** ☐ Delete
NAME **LEVAN, ALAN B**
STREET ADDRESS **1750 E. SUNRISE BLVD., 3RD FLOOR**
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **VTS** ☐ Delete
NAME **GILBERT, GLEN R**
STREET ADDRESS **1750 E. SUNRISE BLVD., 3RD FLOOR**
CITY-ST-ZIP **FT. LAUDERDALE FL**

☐ Change ☐ Addition
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CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE REQUIRED
GLEN R. GILBERT
Executive Vice President

4/21/2003

Date

Daytime Phone #

CR2E034 (10/02)