

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 849698

1. Entity Name

EDILBERTO ENTERPRISES, INC.

**FILED**  
**Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90063 001 \*\*\*\*\*8.75  
04-29-2000 90063 002 \*\*\*150.00

Principal Place of Business Mailing Address  
6020 WEST 14 COURT 6020 WEST 14 COURT  
HIALEAH FL 33012 HIALEAH FL 33012-6247

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 52-1227265 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

CRUZ, LILA E  
6020 W 14 CT  
HIALEAH FL 33012

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME RAMIRES-DE CORDERO, MARI  
STREET ADDRESS 6020 WEST 14 COURT  
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

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

TITLE V  
NAME CORDERO, M. JESUS  
STREET ADDRESS 6020 WEST 14 COURT  
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

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

TITLE D  
NAME ANTILLEAN MANGEMENT CORP  
STREET ADDRESS P.O. BOX 305 N/A  
CITY-ST-ZIP CURACOA NETHERLANDS ☐ Delete

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

TITLE D  
NAME CRUZ, LILA E  
STREET ADDRESS 6020 W. 14 CT.  
CITY-ST-ZIP HIALEAH FL 33012 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*Lila E. Cruz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 305 826-0781  
Date Daytime Phone #

CR2E034 (9/99)