

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

2002
FILED

02 JUN -3 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 88143

1. Entity Name

EDDYSON ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3335 NW 48TH STREET
Suite, Apt. #, etc.

3. Mailing Address
3335 NW 48TH STREET
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL

City & State
MIAMI, FL

4. FEI Number
59-2351326

Applied For
Not Applicable

Zip Country
33142 MIAMI-DADE

Zip Country
33142 MIAMI-DADE

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

7. Name and Address of Current Registered Agent

Name
EDDY FABELO
Street Address (P.O. Box Number is Not Acceptable)
855 EAST 5TH STREET

City HIALEAH FL Zip Code
33010

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME PD
STREET ADDRESS JOEL FABELO
CITY-ST-ZIP 1125 Belle Mead Is. Rd.
MIAMI, FL

TITLE
NAME VSD
STREET ADDRESS EDDY FABELO
CITY-ST-ZIP 855 East 5TH STRET
HIALEAH, FL

TITLE 201.25-AR
NAME 10.00-ARARTS
STREET ADDRESS 88.75-AR SUPP
CITY-ST-ZIP 700005766347--1
-06/13/02--01081--007
*****300.00 *****300.00

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

SIGNATURE:  JOEL FABELO/PRES. 5/15/02 305-638-5534/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

**DO NOT WRITE
IN THIS SPACE**

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*****8.75 *****8.75