

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90053 007 \*\*\*150.00

**DOCUMENT # F97000005459**

1. Entity Name  
**CEDARS GROUP, LTD. INC.**

Principal Place of Business

**5891 SW 21ST ST  
 HOLLYWOOD FL 33023  
 US**

Mailing Address

**5891 SW 21ST ST  
 HOLLYWOOD FL 33023  
 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

**65-0763303**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HORRELL, MELANIE  
 470 S PARK RD  
 APT 308  
 HOLLYWOOD FL 33021**

7. Name and Address of New Registered Agent

Name **Melanie Horrell**

Street Address (P.O. Box Number is Not Acceptable)  
**1021 S. PARK RD. APT. 111**

City **HOLLYWOOD**

**FL**

Zip Code **33021**

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 **Melanie Horrell**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/16/02**

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, 2002 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

TITLE **CP** ☐ Delete  
 NAME **HORRELL, MELANIE**  
 STREET ADDRESS **470 S. PARK RD, NO. 308**  
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

*New address*

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME **1021 S. PARK RD. APT. 111**  
 STREET ADDRESS **HOLLYWOOD, FL 33021**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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: **Melanie Horrell**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/16/02** **984-1883**  
 Date Daytime Phone #

CR2E034 (9/01)