

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90083 009 ***150.00

DOCUMENT # G87140

1. Entity Name
EDMA ENTERPRISES, INC.

| | |
|---|--|
| Principal Place of Business 224 SW 22ND AVE. MIAMI FL 33135 | Mailing Address 224 SW 22ND AVE. MIAMI FL 33135-1505 |
|---|--|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |



DO NOT WRITE IN THIS SPACE

| | | | | | |
|-----|---------|-----|---------|---------------------------------|--|
| Zip | Country | Zip | Country | 4. FEI Number 59-2357836 | Applied For <input type="checkbox"/> Not Applicable |
|-----|---------|-----|---------|---------------------------------|--|

| | | | |
|---|--|--|----------|
| 6. Name and Address of Current Registered Agent RAMOS, JORGE H., P.A. 2250 SW 3RD AVE. THIRD FLOOR MIAMI FL 33129 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | 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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---------------------------------|---|---|
| TITLE P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MARABOTTO, EDUARDO P. | | NAME | |
| STREET ADDRESS 13574 SW 114TH TERRACE | | STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL | | CITY-ST-ZIP | |
| TITLE V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MARABOTTO, GEORGINA | | NAME | |
| STREET ADDRESS 13574 SW 114TH TERRACE | | STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL | | CITY-ST-ZIP | |
| TITLE T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MARABOTTO, EDUARDO J. | | NAME | |
| STREET ADDRESS 13616 SW 112TH TERRACE | | STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL | | CITY-ST-ZIP | |
| TITLE S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MARABOTTO, MARIA V. | | NAME | |
| STREET ADDRESS 2138 SW 22ND TERRACE | | STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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: EDUARDO MARABOTTO **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 2/17/00 **Date** (305) 642-9930 **Daytime Phone #**

CR2E034 (9/99)