

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011518

1. Entity Name  
E-DEVELOPING LLC

FILED

01 MAY -1 PM 5:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
23. ARMENIAS STR., GROUP ALASTOR, BLOCK A  
OFFICE 104, 2003 STROVOLOS PO BOX 6557  
NICOSIA, CYPRUS

Mailing Address  
23. ARMENIAS STR., GROUP ALASTOR, BLOCK A  
OFFICE 104, 2003 STROVOLOS PO BOX 6557  
NICOSIA, CYPRUS

2. Principal Place of Business  
8, Kennedy Ave  
Suite, Apt. #, etc.  
1087 Nicosia, Cyprus  
City & State

3. Mailing Address  
Delaware Intercomp, Inc.  
Suite, Apt. #, etc.  
113 Barksdale Professional  
Center, Newark, Delaware  
City & State

Zip Country  
CY-1640 Cyprus

Zip Country  
DE 19711 USA

4. FEI Number Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

300004275553--5  
-05/22/01--01017--024  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Emillos Radjivangeli Member 8 Kennedy Ave, 1087 Nicosia, P.O. Box 26557, CY-1640, Nicosia, Cyprus	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Elena Pastay 8 Kennedy Ave, 1087 Nicosia, P.O. Box 26557, CY-1640, Nicosia, Cyprus	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] 04-19-2001 1-302-266-9367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)