

**2001 UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

DOCUMENT # **L0000001576**

01 JUN 14 AM 11:54

1. Entity Name  
**EDWARDS, VALDEZ & ELLIS, LLC**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
<i>[Blacked out]</i>	<i>[Blacked out]</i>

2. Principal Place of Business <b>1302 E. ROBINSON STREET</b> Suite, Apt. #, etc.	3. Mailing Address <b>1302 E. ROBINSON STREET</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>ORLANDO, FL</b>	City & State <b>ORLANDO, FL</b>	4. FEI Number <b>59-3680264</b>	Applied For Not Applicable
Zip <b>32801</b>	Country <b>USA</b>	Zip <b>32801</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name <b>VERONICA VALDEZ</b>
	Street Address (P.O. Box Number is Not Acceptable) <b>1302 E. ROBINSON STREET</b>
	City <b>ORLANDO</b>
	FL Zip Code <b>32801</b>

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 *Veronica Valdez* DATE 6/12/01

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

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>MANAGING MEMBER EDWARDS, MONIQUE M. 660 SYMONDS AVENUE WINTER PARK FL 32789</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>MANAGING MEMBER VALDEZ, VERONICA 1302 E. ROBINSON STREET ORLANDO, FL 32801</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>8000044295518</b>	<input checked="" type="checkbox"/> Addition
		<b>-06/18/01--01019--007</b>	
		<b>*****50.00 *****50.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: *Veronica Valdez* DATE: 6/12/01 (407) 894-1441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)