

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M25820

1. Entity Name

EDNAIR INC.

Principal Place of Business

6825 VISITORS CIRCLE  
6825 VISITOR'S CIRCLE  
ORLANDO FL 32819  
US

Mailing Address

6825 VISITORS CIRCLE  
6825 VISITOR'S CIRCLE  
ORLANDO FL 32819  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CHAN-MARTINEZ, JORGE  
6825 VISITOR'S CIRCLE  
ORLANDO FL 32819

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

*Jorge Chan Martinez*

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	T RIANDE, DE MINDREAU D VIA ESPANA Y RICARDO ARIAS PANAMA 7,REPUBL.PANA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUZZI DE RIANDE, YOLANDA VIA ESPANA Y RICARDO ARIAS PANAMA 7,REPUB.PANAM <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIANDE, NOEL A VIA ESPANA Y RICARDO ARIAS PANAMA 7,REPUB.PANAM <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIANDE DE VICTORIA, LUCIA VIA ESPANA Y RICARDO ARIAS PANAMA 7,REPUB.PANAM <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUZZI DE RIANDE, YOLANDA VIA ESPANA Y RICARDO ARIAS PANAMA 7, REP. DE PANAMA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIANDE-LUZZI, DOLORES VIA ESPANA Y RICARDO ARIAS PANAMA &, REP. DE PANAMA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIANDE DE VICTORIA, LUCIA VIA ESPANA Y-RICARDO-ARIAS PANAMA 7, REP. DE PANAMA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIANDE, NOEL A. VIA ESPANA Y RICARDO ARIAS PANAMA 7, REP. DE PANAMA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MAXINE L. DE ALVARADO VIA ESPANA Y RICARDO ARIAS PANAMA 7, REP. DE PANAMA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14-2-2001

Date

264-2537

Daytime Phone #

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90036 004 \*\*\*150.00

731797



DO NOT WRITE IN THIS SPACE

0071661

CR2E034 (10/00)