

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000027281

1. Entity Name

Eden Bar Management Inc.

FILED

02 MAR 27 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

Eden

3. Mailing Address

Eden Bar Management

Suite, Apt. #, etc.

700 Datura St.

Suite, Apt. #, etc.

424 46 ST.

City & State

West Palm Beach Fl.

City & State

W.P.B., Fl.

Zip

33401

Country

USA

Zip

33407

Country

USA

4. FEI Number

65-0997173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Raymond Haldeman

Street Address (P.O. Box Number is Not Acceptable)

424 46 ST.

City

West Palm Beach

FL

Zip Code

33407

**DO NOT WRITE  
IN THIS SPACE**

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

Raymond Haldeman

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

(NOTE: Registered Agent signature required when reinstating)

3/19/02

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

President  
Raymond Haldeman  
424 46 ST W  
W.P.B., Fl. 33407

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

900005258949--  
-04/12/02--01115--013  
\*\*\*\*300.00 \*\*\*\*300.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Vice President  
"

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

Treasurer  
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Secretary  
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond Haldeman

3/19/02

Date

561-842-8400

Daytime Phone #

CR2E034B (12/01)

BB