## 2001 UNIFORM BUSINESS REPORT (UBR)

Principal Place 525 DOTTEREL SUITE 36 B DELRAY BEACE	DECORATIONS, INC. ce of Business . RD H FL 33444 Place of Business	Mailing Address  525 DOTTEREL RD SUITE 36 B DELRAY BEACH FL 33444  3. Mailing Address  Suite, Apt. #. etc.	Mailing Address \$25 DOTTEREL RD SUITE 36 B DELRAY BEACH FL 33444  3. Mailing Address  — Suite, Apt. 2, etc.  City & State			OI NOV -9 AM 9: 33  SECRETARY OF STATE TALLAHASSEE, FLORIDA  DO.NOT.WRITE IN.THIS SPACE:  A. FEI Number (5 - 102088   Applied For   Not Applicable   S. Certificate of Status Desired   \$8.75 Additional				
	C. Nove and Address of Comme	l l			Fee Required					. · ·
3961 POM	PACHANTE BRASILEIRO I N. FEDERAL HWY. PANO BEACH FL 33064	registere	525 Do	ddress (P.O. Box Number is Not Aceeptable)						
SIGNATURE.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered	Agent signature require	d when re	sinstating)	DATE	<del>-/-</del> -		
Tax filing :	oration is eligible to satisfy its Intangib requirement and elects to do so. na on back)  OFFICERS ANI	After MAY 1, 200 Make Check Payabl	will be \$550.00		10. Election Campaign Trust Fund Contrib	ution. 🤨 🕻	Ädded	May Be I to Fees		
TITLE' NAME STREET ADDRESS CITY-ST-ZIP	PVTS MIRANDA, EDSON JOSE 525 DOTTEREL RD SUITE 36 B DELRAY BEACH FL 33444	OTTEREL RD SUITE 36 B Y BEACH FL 33444		i i				☐ Change	Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D' Miranda, Edson Jose 525 Dotterel RD Suite 36 B Delray Beach FL 33444	SUITE 36 B SI L 33444 CI		T ADORESS ST-ZIP				Change	Addition	S
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	ADDRESS -	<del></del> -		<del></del>	☐ Change	Addition	
ITILE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	NAME STREET CITY-S	T ADORESS ST-ZIP				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET CITY-S	T ADDRESS ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS 57-ZIP				☐ Change	☐ 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 accurate of the exemption 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 accress, with all other (se empowered)  SIGNATURE:  SIGNATURE:  SIGNATURE AND TREE OF SENTER HAVE OF SENTER										

R. VARNADORE NOV 2-9-2001



Edson Decorations, Inc. 525 DOTTEREL RD. SUITE 36 B DELRAY BEACH, FL 33444

RE: Edson Decorations, Inc.

DEAR STATE DEPARTMENT,

PLEASE WAIVE MY LATE FEE BECAUSE, I DID NOT RECEIVE THE ANNUAL REPORT PAPER correctly IN MY HOUSE. As you can see my last accountant did not sign my registered agent letter, and it took so long for all of this to be straightened out. Please do not let it hinder my corporation by closing it. As you can see, I first filed back in April.

Now I have everything together, and I will be my own registered agent. Please accept my application with the proper requirements. BECAUSE IT'S THE FIRST TIME THAT I HAVE A CORPORATION, I AM STILL KIND OF NEW WITH THE PAPERWORK. I PROMISE YOU THAT NEXT YEAR, I WILL BE ONE OF THE FIRST PEOPLE TO FILE THE ANNUAL REPORT.

SINCERELY,

Edson Jose Miranda

S. I am sending to you a copy of the cancelled check that I already paid the Annual Report.

Manks-Shan Miranbo