

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 17, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000096441**

1. Entity Name  
**EDYCO CORPORATION**

Principal Place of Business 100 PALM AVENUE  MIAMI BEACH FL 33139	Mailing Address 100 PALM AVENUE  MIAMI BEACH FL 33139
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State	3. Mailing Address  Suite, Apt. #, etc.  City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
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4. FEI Number <b>65-1059467</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**DYER PIERO MARTIN**  
 100 PALM AVENUE  
  
 MIAMI BEACH FL 33139

**7. Name and Address of New Registered Agent**

Name  
**DYER PIERO M**  
 Street Address (P.O. Box Number is Not Acceptable)  
**100 PALM AVENUE**  
  
 City **MIAMI BEACH** **FL** Zip Code **33139**

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 **PIERO DYER** **04/17/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	TD <b>DYER SAMUEL</b> <input type="checkbox"/> Delete 100 PALM AVENUE MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>CORIART ROSA</b> <input type="checkbox"/> Delete 100 PALM AVENUE MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DYER PIERO MARTIN</b> <input type="checkbox"/> Delete 100 PALM AVENUE MIAMI BEACH FL 33139
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition    
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>CORIART ROSA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 PALM AVENUE MIAMI BEACH FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DYER PIERO M</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 PALM AVENUE MIAMI BEACH FL 33139
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

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: Piero Dyer PD 04/17/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)