

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90329 044 ***150.00

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

DOCUMENT # P000000 96441

1. Entity Name

EDYCO CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 PALM AVE

Suite, Apt. #, etc.

3. Mailing Address

650 WEST AVE

Suite, Apt. #, etc.

2108

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FL 2

City & State

MIAMI BEACH, FL

4. FEI Number

Applied For

Not Applicable

Zip

33139

Country

USA

Zip

33139

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name PIERO DYER

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

650 WEST AVE

APT#2108

City

MIAMI BEACH

FL

Zip Code

33139

**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

PIERO DYER

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

(NOTE: Registered Agent signature required when reinstating)

03/05/02

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 \$81.25

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	PD
NAME	DYER, PIERO MARTIN
STREET ADDRESS	100 PALM AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	SD
NAME	CORIAT, ROSA
STREET ADDRESS	100 PALM AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	TO
NAME	DYER, SAMUEL
STREET ADDRESS	100 PALM AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: PIERO DYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/02
Date

305-673-2211
Daytime Phone #