

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2002 8:00 am**  
**Secretary of State**

09-10-2002 90209 045 \*\*\*150.00

**DOCUMENT # P01000001862**

1. Entity Name  
**E.E.L., INC.**

Principal Place of Business

**5105 NORTHWEST 4TH TERRACE  
 MIAMI FL 33126**

Mailing Address

**5105 NORTHWEST 4TH TERRACE  
 MIAMI FL 33126**

2. Principal Place of Business

**5595 N.W. 72ND AVE**

3. Mailing Address

**5595 N.W. 72nd AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

4. FEI Number

**65-1065384**

Applied For

Not Applicable

Zip

Country

**33166 USA**

Zip

Country

**33166 USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**

**343 ALMERIA AVENUE**

**CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PSTD**  
 STREET ADDRESS **GARCIGA, EDEL**  
 CITY-ST-ZIP **5105 NORTHWEST 4TH TERRACE  
 MIAMI FL 33126**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08-30-02**

Date

Daytime Phone #

CR2E034 (4/02)

*All enclosed*

978756

**Edsel Expedited Logistics, Inc.**  
**5595 N.W. 72<sup>nd</sup> Avenue**  
**Miami, FL 33166**  
**Ph: (305) 884-6200**  
**Fx: (305) 884-6270**

August 30, 2002

Division of Corporations  
Uniform Business Report (UBR) Filings  
P.O. BOX 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

As per my telephone conversation with Customer Service today, enclosed please find our check in the amount of \$ 150.00. We never received the first letter to file our (UBR)

Document No.. P01000001862  
FEI Number: 65-1065384

If you have any questions or need additional information, do not hesitate to contact me directly at (305) 884-6200.

Best regards,

  
Edsel Garciga  
President