

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90032 046 ***150.00

DOCUMENT # P02000015450

1. Entity Name
ERDO INVESTMENT, INC.



Tax ID# 30-0044461

Principal Place of Business
7041 SUNSET STRIP, STE. 204
SUNRISE FL 33313

Mailing Address
7041 SUNSET STRIP, STE. 204
SUNRISE FL 33313



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2190 NW 73 Avenue
Suite, Apt. #, etc.

3. Mailing Address
2190 NW 73 Avenue
Suite, Apt. #, etc.

City & State
Sunrise Florida

City & State
Sunrise Florida

4. FEI Number
30-0044461

Applied For
Not Applicable

Zip
33313

Country
Broward

Zip
33313

Country
Broward

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

HERARD, DOMINIQUE
7041 SUNSET STRIP, STE. 204
SUNRISE FL 33313

Name
Herard Dominique

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

2190 NW 73 Avenue

City
Sunrise

FL

Zip Code
33313

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 Herard Dominique

3/03/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HERARD, DOMINIQUE 7041 SUNSET STRIP, STE. 204 SUNRISE FL 33313	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Herard, Dominique DP: 2190 NW 73 Avenue Sunrise FL 33313	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Herard, Dominique 2190 NW 73 Avenue Sunrise FL 33313	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary MOROSE, ERLINE 2190 NW 73 Ave Sunrise FL 33313	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERLINE MOROSE 3/03/03 954-749-3853

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)