

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

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90031 022 ***150.00

DOCUMENT # 1. Entity Name	
ROBERT L EDWARDS INC	

DO NOT WRITE IN THIS SPACE

94031629

2. Principal Place of Business 6538 COLLINS AVENUE Suite, Apt. #, etc. 261 City & State MIAMI BEACH, FL Zip 33141		3. Mailing Address 6538 COLLINS AVENUE Suite, Apt. #, etc. 261 City & State MIAMI BEACH, FL Zip 33141	
Country		Country	

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0730018		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name ROBERT EDWARDS	
Street Address (P.O. Box Number is Not Acceptable) 6538 COLLINS AVENUE	
City MIAMI BEACH	FL
Zip Code 33141	

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: Robert L Edwards EDWARDS, Robert Lee 3-8-04 ✓
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT L. EDWARDS 6538 COLLINS AVENUE #261 MIAMI BEACH, FL. 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Lee Edwards EDWARDS, Robert Lee 3-8-04 786-368-7114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #