

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91435 020 \*\*\*158.75

**DOCUMENT # P02000077203**

1. Entity Name  
**EDEE'S GOURMET FRAMING, INC.**



Principal Place of Business  
**1608 RODMAN ST.  
HOLLYWOOD FL 33020**

Mailing Address  
**1608 RODMAN ST.  
HOLLYWOOD FL 33020**



2. Principal Place of Business

**2918 Madison St**

3. Mailing Address

**2918 Madison St**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**Hollywood FL**

City & State  
**Hollywood FL**

4. FEI Number  
**16-1617453**

Applied For  
Not Applicable

Zip Country  
**33020 USA**

Zip Country  
**33020 USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RESPETO, EDEE  
1608 RODMAN ST.  
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name  
**Edee Respeto**  
Street Address (P.O. Box Number is Not Acceptable)  
**2918 Madison St**  
City  
**Hollywood** FL Zip Code  
**33020**

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)

**1-13-03**  
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

TITLE  
**PSD** ☒ Delete  
NAME  
**RESPETO, EDEE**  
STREET ADDRESS  
**1608 RODMAN ST.**  
CITY-ST-ZIP  
**HOLLYWOOD FL 33020**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PSD** ☒ Change ☐ Addition  
NAME  
**Respeto, Edee**  
STREET ADDRESS  
**3120 W. Hallandale Bch Blvd #1015**  
CITY-ST-ZIP  
**Hallandale FL 33009**

TITLE  
**PSD** ☒ Change ☐ Addition  
NAME  
**Respeto, Edee**  
STREET ADDRESS  
**2918 Madison St**  
CITY-ST-ZIP  
**Hollywood FL 33020**

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

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-03 9549373776**

Date Daytime Phone #

CR2E034 (10/02)