

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

7/17/2003-90035-026-\$150.00-\$150.00

0023435 AV

DOCUMENT # P02000097978

1. Entity Name
EDI CONSULTING SERVICES, INC.



03 AUG -4 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**3740 SW 185 AVENUE
MIRAMAR FL 33029
US**

Mailing Address
**7950 NW 155 STREET
203
MIAMI LAKES FL 33014
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
3740 SW 185 AVE.
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
MIRAMAR, FL

City & State
MIRAMAR, FL

Zip
33029

Country
USA

4. FEI Number
32-0030188

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**FLORIDO & FLORIDO, PA
7950 NW 155 STREET
203
MIAMI LAKES FL 33018**

7. Name and Address of New Registered Agent

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 reappointing) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP | P FLORIDO, DIANE 3740 SW 185 AVENUE MIRAMAR FL 33029 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FLORIDO, HOBEL 3740 SW 185 AVENUE MIRAMAR FL 33029 | <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 | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: **Diane Florido** **REDIANE FLORIDO** **7-15-03** **954-443-4647**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

7/8/4

**EDI Consulting Services, Inc.
3740 SW 185th Avenue
Miramar, FL 33029
954-443-4647**

July 15, 2003

**Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500**

To Whom It May Concern:

Please be advised that the corporation, EDI Consulting Services, Inc., did *not* receive a prior 2003 Uniform Business Report form. The attached 2003 Uniform Business Report was the first and only form received. Therefore, since a prior notice was not received, I ask that you please waive the late fee.

Enclosed is a check for \$150.00 for the amount of the original filing fee.

**Thank you very much,
Diane Florido**

**President
EDI Consulting Services, Inc.**

Enc.