

# 2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000051360**

1. Entity Name  
**Edsi Inc.**

Principal Place of Business Mailing Address

3339 Northwest 33rd Street  
Miami, Fl. 33142.

2. Principal Place of Business  
3339 NW 33rd St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, Fl.

City & State

FILED  
01 NOV 28 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

96-01 UBR  
DO NOT WRITE IN THIS SPACE

Zip Country  
33142 Miami-Dade

Zip Country

4. FEI Number  
105-0426227.

Applied For  
Not Applicable

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

Name **Santiago Tamargo**

Street Address (P.O. Box Number is Not Acceptable)  
3336 Northwest 33rd Street

City **Miami** FL Zip Code **33142**

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.

SIGNATURE  DATE **11-16-01**

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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 **DPS**  
NAME **Edward A. Sicard**  
STREET ADDRESS **1214 SW 30 Ave**  
CITY-ST-ZIP **Miami, Fl. 33135**  
☒ Delete

TITLE **Santiago Tamargo**  
NAME **Santiago Tamargo**  
STREET ADDRESS **3336 NW 33 St.**  
CITY-ST-ZIP **Miami, Fl. 33142**  
☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300004720933--0  
-12/12/01--01067--003  
\*\*\*\*965.00  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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  DATE **11-16-01 305-372-5281**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (11/00)

EDSLINC.  
3339 NW 33 ST.  
MIAMI, FL 33142  
DOC.#PP93000051360

2022

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A  
CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY  
UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER  
RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE  
THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT  
STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS  
MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS  
LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED  
IN THE ANNUAL REPORT .

CORDIALLY  
SANTIAGO TAMARGO  
PRESIDENT