2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000054587 1. Entity Name EDT ODVOTAL IMPOUNTS INO

FILED Apr 30, 2001 8:00 am Secretary of State

EDI UNI	STAL IMPORTS, INC.			04-30-2001 90042 021 ***150.00	
Principal Place C/O STEPHEN 3 3990 SHERIDAN HOLLYWOOD FL US	J. STRALEY 6 ST STE 109 5 L 33021 1	Mailing Address C/O STEPHEN J. STRALEY 3990 SHERIDAN ST STE 109 HOLLYWOOD FL 33021 JS			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-0430313 Applied For Not Applied by Applied For Not Applied For Not Applied by Ap	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
-	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent	
			Name	<u> </u>	
3990	nley, Stephen J Sheridan St Ste 1009 Lywood Fl 33021		Street Addre	dress (P.O. Box Number is Not Acceptable)	
			City	Zip Code	
8. The above	named entity submits this statement for the	ne purpose of changing its reg	sistered office or reg	registered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent and	tteifaan cahe (NSIG-Bo	wiistorus Aziont elecatura ra	e requires when reinstating) DATE	
		(KOTE NE	gistorec Agen., signature ro	e required when reinstating) DATE	
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St		50.00 Trust Fund Contribution Added to Food	ı
11.	OFFICERS AND DI	RECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLS NAME STREET ADDRESS CITY-ST-ZIP	VP COWAN, THELMA 1850 NE 174 ST NORTH MIAMI BEACH FL 33162	☐ Delate	TITLE NAME STREET ADDRESS CITY-S1-ZIP	Thelma Coway. Change Addition ! 1850 M. E. 174 St N. Mami Beach, 7/14 3 3 162	F034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAYTON, BARBARA 473 GOLDEN BCH DR GOLDEN BEACH FL 33160	☐ Delete	TITLE & ENAME STREET ADDRESS 4	Barbara Doctor Change Addition 473 Golden Beach FL 33160	CR2F
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-SI-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST ZIP		☐ Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITUE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
of the co	I on this report of supplemental report is tr	ue and accurate and that my ered to execute this report as	signature shall have	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director pter 607, Florida Statutes: and that my name appears in Block 11 or Block 12 if	

SIGNATURE: Thebma Colwan SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-24.0001