

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000061031

1. Entity Name

O.S. EDWARDS, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90075 024 ***550.00

Principal Place of Business

601 NW 85TH WAY
PEMBROKE PINES FL 33024

Mailing Address

601 NW 85TH WAY
PEMBROKE PINES FL 33024

2. Principal Place of Business

P.O. Box 848051

3. Mailing Address

P.O. Box 848051

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

4. FEI Number

65-0533013

Applied For

Not Applicable

Zip

Country

Zip

Country

33084

33084

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

LAMONT & NEIMAN, P.A.
TWO S BISCAYNE BLVD
ONE BISCAYNE TOWER, SUITE 3550
MIAMI FL 33131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

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

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EDWARDS, OLIVER S
601 NW 85TH WAY
PEMBROKE PINES FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.O. Box 848051
Pembroke Pines FL 33084 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Signature of Oliver S. Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-7-00

Date

954 647-9974

Daytime Phone #

CR2E034 (5/00)