

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

05-21-2001 90353 013 ***150.00

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AV

DOCUMENT # P94000073378

1. Entity Name
A PERFECT EDGE, INC.



| | |
|--|--|
| Principal Place of Business 4839 SW 148 AVE SUITE 516 DAVIE FL 33330 US | Mailing Address 4839 SW 148 AVE SUITE 516 DAVIE FL 33330 US |
|--|--|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0530454 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

O'STEEN, CHARLES K
14600 S. POST RD APT 201
FORT LAUDERDALE FL 33331

7. Name and Address of New Registered Agent

Name
~~O'STEEN, CHARLES K~~
 Street Address (P.O. Box Number is Not Acceptable)
16725 SW 62 STREET
 City
SOUTH WEST RANCHES FL Zip Code
33331

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 *C. Kwon* **CHARLES K O'STEEN, PRESIDENT** **7-23-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 12, 2001 Fee 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

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S O'STEEN, ANNE MARIE 14600 S. POST RD APT 201 FORT LAUDERDALE FL 33331 | <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 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P O'STEEN, CHARLES 16725 SW 62 STREET SOUTH WEST RANCHES, FL 33331 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S O'STEEN, ANNE MARIE 16725 SW 62 STREET SOUTH WEST RANCHES, FL 33331 | <input checked="" 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 |

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 a power like empowered.

SIGNATURE: *C. Kwon* **CHARLES K O'STEEN, PRESIDENT** **7-23-01** (954) 438-3393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

2001 UNIFORM BUSINESS REPORT (UBR)

Attachment

10051

DOCUMENT # *P94000073378*
 1. Entity Name
A PERFECT EDGE, INC.

Principal Place of Business Mailing Address

| | |
|---|---|
| 2. Principal Place of Business <i>4839 SW 148 AVE</i> Suite, Apt. #, etc. <i>SUITE 516</i> City & State <i>DAVIE, FL</i> Zip <i>33330</i> Country <i>US</i> | 3. Mailing Address <i>4839 SW 148 AVE</i> Suite, Apt. #, etc. <i>SUITE 516</i> City & State <i>DAVIE, FL</i> Zip <i>33330</i> Country <i>US</i> |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 4. FEI Number <i>65-0530454</i> | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
~~*O'Steen, Charles K*~~
~~*10725 SW 62 ST*~~
~~*South West Ranches, FL 33331*~~

7. Name and Address of New Registered Agent
 Name *O'STEEN, CHARLES K*
 Street Address (P.O. Box Number is Not Acceptable)
~~*10725 SW 62 STREET*~~
 City *SOUTH WEST RANCHES* FL Zip Code *33331*

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 reappointing. DATE

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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>S</i> <input type="checkbox"/> Delete <i>O'Steen, Anne Marie</i> <i>10725 S.W. 62 ST</i> <i>SOUTH WEST RANCHES, FL 33331</i> |
| 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 |
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|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *C. Kevin O'Steen*
SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR Date Director Title
CHARLES KEVIN O'STEEN PRESIDENT 4-29-2001/954748-358

CR2001 (11/00)