

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90033 011 ***150.00

DOCUMENT # P95000058371

1. Entity Name
E-D-N MANAGEMENT CORP.

Principal Place of Business

1711 SW 23RD AVE
APT. 1401
FT LAUDERDALE FL 33312
US

Mailing Address

1711 SW 23RD AVE
APT. 1401
FT LAUDERDALE FL 33312
US

2. Principal Place of Business

300 DIPLOMAT PARKWAY

Suite, Apt. #, etc.

#509

City & State

HALLANDALE, FL

Zip

33009

Country

US

3. Mailing Address

300 DIPLOMAT PARKWAY

Suite, Apt. #, etc.

#509

City & State

HALLANDALE, FL

Zip

33009

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0603517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NIETERT, ECKARDT

1711 SW 23RD AVE

APT. 1401

FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name

NIETERT ECKARDT

Street Address (P.O. Box Number is Not Acceptable)

300 DIPLOMAT PARKWAY

#509

City

HALLANDALE

FL

Zip Code

33009

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 **NIETERT ECKARDT**

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

(NOTE: Registered Agent signature required when reinstating)

03-11-02

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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 **P** ☐ Delete
NAME **NIETERT, ECKARDT**
STREET ADDRESS **1711 SW 23RD AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE **V** ☐ Delete
NAME **NIETERT, DANIELA**
STREET ADDRESS **1711 SW 23RD AVE**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **NIETERT, ECKARDT**
STREET ADDRESS **300 DIPLOMAT PARKWAY, #509**
CITY-ST-ZIP **HALLANDALE, FL 33009**

TITLE **V** ☐ Change ☐ Addition
NAME **NIETERT, DANIELA**
STREET ADDRESS **300 DIPLOMAT PARKWAY, #509**
CITY-ST-ZIP **HALLANDALE, FL 33009**

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

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

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

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

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 or other like empowered.

SIGNATURE:

NIETERT ECKARDT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-11-02

Date

(254) 455-5214

Daytime Phone #

CR2E034 (9/01)