

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90325 045 \*\*\*150.00

**DOCUMENT # P96000012069**

1. Entity Name  
**ERDA, INC.**

Principal Place of Business <b>461 WAVECREST          ONE NORTH BREAKERS ROW          PALM BEACH FL 33480</b>	Mailing Address <b>C/O BARRY P. PINCISS          ONE NORTH BREAKERS ROW          PALM BEACH FL 33480          US</b>
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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 <b>65-0647111</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>PINCISS, BARRY P          461 WAVECREST          ONE NORTH BREAKERS ROW          PALM BEACH FL 33480</b>				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PINCISS, BARRY P</b>	NAME		NAME		NAME	
STREET ADDRESS	<b>461 WAVECREST - ONE NORTH BREAKERS ROW</b>	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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NAME	<b>WARSHAVER, JOANNE</b>	NAME		NAME		NAME	
STREET ADDRESS	<b>461 WAVECREST - ONE NORTH BREAKERS ROW</b>	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		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 reports 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 entries covered.

SIGNATURE: *Barry Pinciss* Pres. **Barry Pinciss** Date 2/15/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # \_\_\_\_\_

UNCLAS

CR2E034 (10/00)