

2000 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **PA7000012430**

1. Entity Name

Edan Beyond 2000, INC.**FILED**
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90363 011 ***150.00

Principal Place of Business

Mailing Address

11401 Pines Blvd
Pembroke Pines
FL 33026

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

59-3425127

Applied For

Not Applied

Zip

Country

Zip

Country

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

Limor Dahman**13075 N.W. 235th****Pembroke Pines****FL 33028**

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

Limor Dahman**Agent****3/29/00**

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May 1**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
	P. Limor Dahman	Same as above								
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Add
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				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Limor Dahman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

Date

Daytime Phone #