

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000074476

1. Entity Name

EDLOR CORP

Principal Place of Business

Mailing Address

8625 NW 186 ST
MIAMI FL 33015

8625 NW 186 ST
MIAMI FL 33015-2553

2. Principal Place of Business

8625 NW 186st

Suite, Apt. #, etc.

3. Mailing Address

8625 NW 186 st

Suite, Apt. #, etc.

City & State

Hialeah FL

City & State

Hialeah FL

Zip

33015

Country

USA

Zip

33015

Country

USA

4. FEI Number

65-0777567

Applied For

Not Applicable

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

ESPINOSA, EDGAR
8625 NW 186 ST
MIAMI FL 33015

Name

ARTURO ESPINOSA

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

8625 NW. 186 st

City

Hialeah

FL

Zip Code

33015

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 reinstating)

DATE

4/18/2000

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 State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ESPINOSA, EDGAR
STREET ADDRESS 8625 NW 186 ST
CITY-ST-ZIP MIAMI FL 33015

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90174 018 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)