

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000074476**

1. Entity Name

EDLOR CORP

Principal Place of Business

**8625 NW 186 ST
MIAMI FL 33015**

Mailing Address

**8625 NW 186 ST
MIAMI FL 33015**

2. Principal Place of Business

19975 NW 2ND AVENUE

3. Mailing Address

19975 NW 2ND AVENUE,

Suite, Apt. #, etc.

SUITE 6

Suite, Apt. #, etc.

SUITE 6

City & State

MIAMI, FLORIDA 33169

City & State

MIAMI, FLORIDA 33169

Zip

Country

Zip

Country

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****ESPINOSA, ARTURO
8625 NW 186 ST
MIAMI FL 33015****7. Name and Address of New Registered Agent**

Name

ARTURO ESPINOSA

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

19975 NW 2ND AVENUE**SUITE 6**

City

MIAMI,**FL**Zip Code
33169

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

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	P			
	ESPINOSA, EDGAR			
	8625 NW 186 ST			
	MIAMI FL 33015			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		19975 NW 2nd Avenue, Suite 6		
		Miami, Florida 33169		

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 #

4-30-01 305-770-3381**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90184 037 ***150.00

00052213

DO NOT WRITE IN THIS SPACE

0098272

CR2E034 (10/00)