FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90448 041 ***150.00

DOCUMENT # P97000089958 ✓

658810

1. Entity Name
THE EDGE WORLDWIDE, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1820 N.E. 163rd St, Ste 307	1820 N.E. 163rd St.
Suite, Apt. #, etc.: 307	Suite, Apt. #, etc.: 307
City & State: NORTH MIAMI BEACH	City & State: North Miami Beach
Zip: 33162 Country: MIAMI-DADE	Zip: 33023 Country: MIAMI-DADE

4. FEI Number: 65-0793408 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LINDA CESAR
Street Address (P.O. Box Number is Not Acceptable): 1820 N.E. 163rd St, suite 307
City: NORTH MIAMI BEACH **FL** Zip Code: 33162

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT LINDA CESAR-NOEL 1820 N.E. 163rd Street, Ste 307 NMB, FL 33162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY (SAME AS ABOVE)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER (SAME AS ABOVE)
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CR2E034B (12/01)

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

SIGNATURE: _____ 05/01/2002 305-945-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #