

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 15, 2002 8:00 am
Secretary of State

DOCUMENT # P97000094241

1. Entity Name

EDEM CORPORATION

09-15-2002 90092 018 ***158.75

DO NOT WRITE IN THIS SPACE

871932

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1436 NE 146 ST

3. Mailing Address
1436 NE 146 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

4. FEI Number
02-0639335

Applied For
Not Applicable

Zip
33161

Country
USA

Zip
33161

Country
USA

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

1436 NE 146 ST
City
MIAMI

FL

Zip Code
33161

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

Decesse Deme

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/11/02

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, DIRECTOR
DECESSE DEME
1436 NE 146 ST
MIAMI, FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Decesse Deme

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/11/02

Attachment
871932

MIAMI DADE, September 11, 2002.

To: Division of Corporations Document #97000094241

Att: Michelle Milligan

To whom it may concern,

The Purpose of this letter is to verify that I, Decesse Deme, residing at 1436 NE 146 ST Miami, FL 33161 did not receive my annual report for filing this year. Pursuant to my conversation with Document Specialist I received the alternate application on September 11, 2002.

Thank you in advance for all your help and services

Sincerely,

Decesse Deme

Decesse Deme