

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022735

1. Entity Name  
EDELYN & ERIC CORP.

FILED

02 JUL 16 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7170 SOUTHWEST 5TH TERRACE MIAMI FL 33144 US	Mailing Address 7170 SOUTHWEST 5TH TERRACE MIAMI FL 33144 US
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2. Principal Place of Business 6903-W. FLAGLER ST Suite, Apt. #, etc.	3. Mailing Address 7170S W 5TH TERR Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL
Zip 33144	Zip 33144
Country FL	Country FL

4. FEI Number 65-0821489	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	PSTD CASILLAS, DAGOBERTO 7170 SOUTHWEST 5TH TERRACE MIAMI FL 33144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600006471846-7 -07/17/02--01063--008 *****150.00 *****150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 the empowered.

SIGNATURE: [Signature] REQUIRED

4/10/02 (305) 764-0698

CR2E034 (4/02)

Attachment # P98000022735

7/10/02

6 Delva & Eric Corp  
6903 W. FLAGLER ST  
MIAMI FL 33144

to whom concern the Import/Export.  
Hi, My name is Dacoberio Casilla  
President of 6 Delva & Eric Corp.  
I Refer About the PAYMENT of the  
CORP # P98000022735; I SENDED  
the PAYMENT READY in February 2002.  
Then the Office RETURN IT the FORM  
CAUSE I FORGOT TO SIGN IT.  
I Signed AND SENDED BACK to the  
Office. ABOUT TWO MONTH "MAY 2002"

Thank you

Dacoberio Casilla

7/10/02