FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90009 044 ***150.00

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052930

1. Entity Name

EDRA CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3836 S.W. 137 AVENUE
Suite, Apt #, etc
City & State: MIAMI - FL
Zip: 33175 Country: U.S.A.

3. Mailing Address: 3836 S.W. 137 AVENUE
Suite, Apt. #, etc.
City & State: MIAMI - FL
Zip: 33175 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0853418 ☐ 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: EDUARDO PRUNA
Street Address (P.O. Box Number is Not Acceptable): 3836 S.W. 137 AVENUE
City: MIAMI **FL** Zip Code: 33175

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) ☐

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	D/P/T	TITLE	
NAME	JORGE L. VERA	NAME	
STREET ADDRESS	3836 S.W. 137 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI-FL 33175	CITY-ST-ZIP	
TITLE	D/V/S	TITLE	
NAME	EDUARDO PRUNA JR.	NAME	
STREET ADDRESS	3836 S.W. 137 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI-FL 33175	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [signature] EDUARDO PRUNA 4-20-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #