2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT

Principal Place of Business

P98000056588

Mailing Address

1. Entity Name

EDWARDS REALTY INVESTMENTS OF MIAMI, INC.



Apr 25, 2003 8:00 am \$ Secretary of State 24-25-2003 90169 020 *** **FILED**

04-25-2003 90169 030 ***150.00

520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131		520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131						
2. Principal Place of Business		3. Mailing Address		\dashv		HILL BILL L	HILL HEIGH HEIL HEGE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\dashv	☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-0849078			Applied For Not Applicable	
Zip	Country	Zip	Country	5. Ce		\$8.75 A	Additional iired	
	6. Name and Address of Curre	ent Registered Agent		7. Na	me and Address of New Registered A	gent		
			Name					
ROJAS, MARCO E 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI FL 33131			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL	33131		City		FL	Zip C	ode	
Fi - After	Signature, typed or printed name of registered as ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Departmen	00	OTE: Registered Agent signature rec	uired when rein	9. Election Campaign Financing Trust Fund Contribution.		i.00 May Be ded to Fees	
10.	OFFICERS A	ND DIRECTORS	11.	ADD	ITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAZUELA, MONICA 520 BRICKELL KEY DRIVE SL MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROJAS, MARCO E 520 BRICKELL KEY DRIVE SU MIAMI FL 33131	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		****	☐ Chang	e 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	Chang	e Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, which is empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

Change

Change

☐ Addition

☐ Addition