

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097425

1. Entity Name

EDMAR WIRELESS GROUP, INC.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90437 018 \*\*\*150.00

Principal Place of Business

Mailing Address

~~8150 S.W. 8TH STREET~~  
~~MIAMI FL 33144~~

~~8150 S.W. 8TH STREET~~  
~~MIAMI FL 33144~~

2. Principal Place of Business

11449 N.W. 34 St.

3. Mailing Address

11449 N.W. 34 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Fl., 33178

City & State

Miami, Fl., 33178

4. FEI Number

65-0877683

Applied For

Not Applicable

Zip

33178

Country

USA

Zip

33178

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARDONA, EDGAR O

8150 NW 8TH STREET #107

MIAMI FL 33144

Name

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

11449 NW 34 Street

City

MIAMI

FL

Zip Code

33178

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 Edgar O Cardona

EDGAR CARDONA

4/24/01

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME CARDONA, EDGAR O  
STREET ADDRESS 8150 S.W. 8TH ST.  
CITY-ST-ZIP MIAMI FL 33144

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 11449 NW 34 Street  
CITY-ST-ZIP Miami, Fl., 33178

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 like empowered.

SIGNATURE: Edgar O Cardona

EDGAR CARDONA

4/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0180596

CR2E034 (10/00)