

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000098954

ES EDGE HOMES, CO.

FILED

May 01 2000 8:00 am

Secretary of State

Principal Place of Business LEJEUNE ROAD PH 1-D CORAL GABLES FL 33134	Mailing Address P.O. BOX 558703 MIAMI FL 33255-8703
Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0828293	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134	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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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.

NATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input checked="" type="checkbox"/> Delete D POZO, ZAEDY R 2655 LEJEUNE ROAD PH 1-D CORAL GABLES FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP A. RODRIGUEZ.F 2655 Lejeune Road. PH1-D Coral Gables, FL 33134
<input checked="" type="checkbox"/> Delete D RODRIGUES, FELIPE A 2655 LEJEUNE ROAD PH 1-D CORAL GABLES FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003241178-9 -05/05/00--01080--018 ***2550.00 *****150.00
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003241178-9 -05/05/00--01080--018 ****148.75 *****8.75
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800003241178-9 -05/05/00--01080--018 ****148.75 *****8.75
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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

305 586 7045

Daytime Phone #

CR2E034 (9/99)