

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000027834

1. Entity Name

ELECTRONIC DEPOT ENTERPRISES CORP.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90164 001 ***158.75

Principal Place of Business

C/O ERWIN DIAZ-SOLIS P.A.
8410 WEST FLAGLER STREET, SUITE 208
MIAMI FL 33144

Mailing Address

C/O ERWIN DIAZ-SOLIS P.A.
8410 WEST FLAGLER STREET, SUITE 208
MIAMI FL 33144-2000

2. Principal Place of Business

4748-50 NW 167 Street

3. Mailing Address

4748-50 NW 167 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI- FLORIDA

City & State

MIAMI- FLORIDA 33014

4. FEI Number

65-0921501

Applied For

Not Applicable

Zip

33014

Country

U.S.A

Zip

33014

Country

U.S.A

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, IVAN A P.A.
601 BRICKELL KEY DRIVE
SUITE 507
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name ERWIN DIAZ SOLIS P.A.

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

3501 SW 107 AVENUE

MIAMI- FL- 33165

City MIAMI- FL 33165

FL

Zip Code 33165

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

4/4/00

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, 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

11. OFFICERS AND DIRECTORS

TITLE DPT
NAME BADILLO CELIS, MIGUEL H
STREET ADDRESS CALLE 21 NO. 9-35 OF. 301
CITY-ST-ZIP SANTAFE DE BOGOTA ☐ Delete

TITLE DS
NAME MOJICA ZAMBRANO, PEDRO MIGUEL
STREET ADDRESS AVENIDA 19 NO. 9-01 PISO 2
CITY-ST-ZIP SANTAFE DE BOGOTA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT
NAME BADILLO CELIS, MIGUEL H ☒ Change ☐ Addition
STREET ADDRESS 9020 NW 8 Street Apt #414
CITY-ST-ZIP MIAMI- FLORIDA - 33172

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIGUEL H. BADILLO

Date

Daytime Phone #

03/28/000 305-4688655

CR2E034 (9/99)