

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90905 046 ***158.75

DOCUMENT # P99000027834

1. Entity Name
ELECTRONIC DEPOT ENTERPRISES CORP.



Principal Place of Business
**4748 S. NW 167 ST.
MIAMI FL 33014**

Mailing Address
**4748 S. NW 167 ST.
MIAMI FL 33014**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1820 N CORPORATE LAKES BLVD.
Suite, Apt. #, etc.
306

3. Mailing Address

1820 N. CORPORATE LAKES BLVD.
Suite, Apt. #, etc.
306

City & State

WESTON, FL

City & State

WESTON, FL

Zip

33326

Country

US

Zip

33326

Country

US

4. FEI Number

65-0921501

Applied For -

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SOLIS, ERWIN DIAZ P.A.
3501 SW 107 AVE
MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **BADILLO CELIS, MIGUEL H**
STREET ADDRESS **9020 NW 8 ST. APT. #414**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **DS** ☐ Delete
NAME **MOJICA ZAMBRANO, PEDRO MIGUEL**
STREET ADDRESS **627 SAND CREEK CIRCLE**
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1820 N. CORPORATE LAKES BLVD., #306**
CITY-ST-ZIP **WESTON, FL 33326**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1820 N. CORPORATE LAKES BLVD., #306**
CITY-ST-ZIP **WESTON, FL 33326**

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/27/03

Date

954-6592551

Daytime Phone #

CR2E034 (10/02)