

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000034347**

1. Entity Name

EDGAR'S INC.**FILED**
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90052 034 ***150.00

Principal Place of Business

Mailing Address

11401 PINES BOULEVARD
#270
PEMBROKE PINES FL 3302611401 PINES BOULEVARD
#270
PEMBROKE PINES FL 33026-4129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0912857

Applied For

Not Applicable

- Zip -

Country

- Zip -

Country

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**NAVARRO, ROBIN E
11401 PINES BOULEVARD
#270
PEMBROKE PINES FL 33026

Name

X EDGAR M. NAVARRO

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

X 11401 PINES BLVD #270

City

X Pembroke Pines

FL

Zip Code

33026

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

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 State10. 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
D	NAVARRO, ROBIN E	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11401 PINES BOULEVARD, SUITE 270			
PEMBROKE PINES FL 33026			
D	NAVARRO, EDGAR M	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11401 PINES BOULEVARD, SUITE 270			
PEMBROKE PINES FL 33026			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: X

Edgar M. Navarro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 2-28-00

Date

954-447-7623

Daytime Phone #

CR2E034 (9/99)