

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90048 003 ***150.00

DOCUMENT # 999000034347

1. Entity Name

EDGAR'S, INC.

Principal Place of Business

Mailing Address

11401 PINES BLV #270
 PEMBROKE PINES FL 33026

770248

2. Principal Place of Business

11401 PINES BLVD.

Suite, Apt. #, etc.

270

3. Mailing Address

11401 PINES BLVD

Suite, Apt. #, etc.

270

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines FL

City & State

PEMBROKE PINES FL

4. FEI Number

65-0912857

Applied For

Not Applicable

Zip

33026

Country

USA

Zip

33026

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

ROBIN E. NAVARRO
 27 RAYNOLDS AV
 EVERETT MA 02149

Name

EDGAR M. NAVARRO

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

11401 PINES BLV #270

Pembroke Pines FL

City

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

Edgar M. Navarro

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

(NOTE: Registered Agent signature required when reinstating)

4-10-01

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 P.O. ☐ Delete
 NAME EDGAR NAVARRO
 STREET ADDRESS 11401 PINES BLVD #270
 CITY-ST-ZIP PEMBROKE PINES, FL 33026

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

TITLE V.P. ☒ Delete ~~DELETE~~
 NAME ROBIN NAVARRO
 STREET ADDRESS 27 RAYNOLDS AVE
 CITY-ST-ZIP EVERETT, MA 02149

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 M. Navarro

EDGAR NAVARRO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4/10/01

Date

(954) 447-7623

Daytime Phone #

CR2E034 (11/00)