

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 24, 2000 8:00 am**
Secretary of State

05-24-2000 90055 047 ***150.00

DOCUMENT # P99000086475

1. Entity Name

EDECORS.COM INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**1044 NORTHWEST 81ST TERRACE
PLANTATION FL 33322-5746****1044 NORTHWEST 81ST TERRACE
PLANTATION FL 33322-5746**

2. Principal Place of Business

3. Mailing Address

13826 N.W. 22ND CT**13826 N.W. 22ND CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SUNRISE FL**SUNRISE FL**

4. FEI Number

65-0952748

Applied For

Not Applicable

Zip

33323

Country

U.S.A

Zip

33323

Country

U.S.A5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PATAIT, ABHIJIT
1044 NORTHWEST 81ST TERRACE
PLANTATION FL 33322-5746**

7. Name and Address of New Registered Agent

Name

Ralph D'Souza

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

13826 N.W. 22ND CT.

City

SUNRISE**FL**

Zip Code

33323

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

RALPH D'SOUZA

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

(NOTE: Registered Agent signature required when reinstating)

4/28/00

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 State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SENDHIL, SHIMA**
STREET ADDRESS **3740 INVERRARY DRIVE #E2K**
CITY-ST-ZIP **LAUDERHILL FL 33319**TITLE **D** ☒ Delete
NAME **DEVARAJAN, RAMKUMAR**
STREET ADDRESS **4748 CUMBERLAND COVE COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32257**TITLE **D** ☐ Delete
NAME **PATAIT, ABHIJIT**
STREET ADDRESS **1044 NORTHWEST 81ST TERRACE**
CITY-ST-ZIP **PLANTATION FL 33322-5746**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V/S** ☒ Change ☐ Addition
NAME
STREET ADDRESS **433 SUNLAKE CIRCLE, #305**
CITY-ST-ZIP **LAKE MARY, FL 32746**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V/T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Change ☒ Addition
NAME **RALPH D'SOUZA**
STREET ADDRESS **13826 N.W. 22ND CT.**
CITY-ST-ZIP **SUNRISE FL 33323**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:**RALPH D'SOUZA**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/28/00**
Date**(954) 851-9809**
Daytime Phone #

CR2E034 (9/99)