

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000086475**1. Entity Name
EDECORS.COM INC.**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90082 021 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

13826 NW 22ND CT
SUNRISE FL 33323
US13826 NW 22ND CT
SUNRISE FL 33323
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0952748**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

D'SOUZA, RALPH
13826 NW 22ND CT
SUNRISE FL 33323

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.

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, 2001 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

TITLE **VS** ☐ Delete
NAME **SENDHIL, SHIMA**
STREET ADDRESS **433 SUNLAKE CIRCLE #305**
CITY-ST-ZIP **LAKE MARY FL 32746**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VT** ☐ Delete
NAME **PATAIT, ABHIJIT**
STREET ADDRESS **1044 NORTHWEST 81ST TERRACE**
CITY-ST-ZIP **PLANTATION FL 33322-5746**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4307 Waterford Valley Dr, Apt 1626**
CITY-ST-ZIP **DURHAM, NC 27713**TITLE **P** ☐ Delete
NAME **D'SOUZA, RALPH**
STREET ADDRESS **13826 NW 22ND CT**
CITY-ST-ZIP **SUNRISE FL 33323**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
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:

*R. D'Souza***RALPH D'SOUZA - PRESIDENT****4/25/01****(954) 851-9809**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)