

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S77847**

1. Entity Name
EDER EXPRESS, INC.



Principal Place of Business
**20340 NE 15TH COURT
MIAMI FL 33179**

Mailing Address
**EDER EXPRESS INC
P O BOX 245732
PEMBROKE PINES FL 33024-112
US**

2. Principal Place of Business
10040 SW 55 Ln
Suite, Apt. #, etc.

3. Mailing Address
10040 SW 55 Ln
Suite, Apt. #, etc.
Cooper City, FL

City & State
COOPER CITY, FL

City & State

Zip

Country

Zip

Country

33328

33328

6. Name and Address of Current Registered Agent

**ARELLANO, EDER
10040 SW 55 LANE
COOPER CITY FL 33328**

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

(NOTE: Registered Agent signature required when reinstating)

2-25-03

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 **PVD** ☐ Delete
NAME **ARELLANO, EDER**
STREET ADDRESS **P O BOX 245732 N/A**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE **S** ☐ Delete
NAME **ARELLANO, EDER**
STREET ADDRESS **P O BOX 245732**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

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
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

2-25-03 305-655-2679

Date Daytime Phone #

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90126 047 ***150.00

10029803



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0282800**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

CR2E034 (10/02)