

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S84240

1. Entity Name

OFFSHORE EDGE PRODUCTS, INC.

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90018 010 \*\*\*150.00

Principal Place of Business

POST OFFICE BOX 14855  
NORTH PALM BEACH FL 33408

Mailing Address

POST OFFICE BOX 14855  
NORTH PALM BEACH FL 33408-0855

2. Principal Place of Business

1380 N Killian Drive #5

3. Mailing Address

Suite, Apt. #, etc.

Suite #5

City & State

Lake Park FL

City & State

4. FEI Number

65-0291600

Applied For

Not Applicable

Zip

Country

33403

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

SALAZAR, SCOTT M  
14326 ARDEL DR  
PALM BEACH GARDENS FL 33410

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	SALAZAR, SCOTT M	14326 ARDEL DR	PALM BEACH GARDENS FL 33410				
VTD	SALAZAR, DOLORES	14326 ARDEL DRIVE	PALM BEACH GARDENS FL				
D	SALAZAR, MAURO G.	14326 ARDEL DR	PALM BCH GARDENS FL				

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:

 **Mauro G. Salazar**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

561-622-4141

Daytime Phone #

CR2E034 (9/99)