FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
2003 MAY -9 AM 8:10
SECRETARY OF STATE

FILED
03 MAY -5 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000002634

1. Entity Name

E.L. CAPITAL INC.

03MY19-2003-00120.038 ***150.00

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2. Principal Place of Business	3. Mailing Address
66-35 MYRTLE AVE.	66-35 MYRTLE AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: RIDGEWOOD, NY	City & State: RIDGEWOOD, NY
Zip: 11385 Country: USA	Zip: 11385 Country: USA

4. FEI Number: 11-3352275 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: BRIEN, JOSEPH

Street Address (P.O. Box Number is Not Acceptable): 1909 HARRISON ST. #2N

City: HOLLYWOOD FL Zip Code: 33020

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 the registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Jan 1 thru May 1: Fee is $150.00
All filings after May 1: Fee is $550.00
All Limited Liability Partnership UBR is $61.25
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	PRESIDENT
NAME	ZELIK, ELIEZER
STREET ADDRESS	515 SEAMAN AVE.
CITY-ST-ZIP	BROOKLYN NY 11230
TITLE	VICE PRESIDENT
NAME	RAVIV, LIOR
STREET ADDRESS	66-35 MYRTLE AVE.
CITY-ST-ZIP	RIDGEWOOD, NY 11385
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: LIOR RAVIV 05/7/03 718-418-8800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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