

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90093 036 ***150.00

DOCUMENT # L57056

1. Entity Name

E.L.A. CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

~~2495 W. 80 STREET~~
~~SUITE 5~~
~~HALEAH FL 33016~~
~~US~~

~~2495 W. 80 STREET~~
~~SUITE 5~~
~~HALEAH FL 33016~~
~~US~~

2. Principal Place of Business

10777 S.W. 60 AVE.

3. Mailing Address

10777 S.W. 60 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PINECREST FL.

City & State
PINECREST FL.

4. FEI Number
65-0185116

Applied For
 Not Applicable

Zip Country
33156 U.S.A.

Zip Country
33156 U.S.A.

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

ABRIL, EDUARDO L.
90 W. SUNRISE AVE.
CORAL GABLES FL 33134

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 _____ (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 **PRESIDENT** Delete
 NAME **ABRIL, EDUARDO L.**
 STREET ADDRESS **10777 S.W. 60 AVE.**
 CITY-ST-ZIP **PINECREST FL 33156**

TITLE **PRESIDENT** Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

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: *Eduardo Abril*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-13-00** (305) 666-4384
 Daytime Phone #

CR2E034 (9/99)