## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 14, 2001 8:00 am Secretary of State **DOCUMENT # L57056** 1. Entity Name E.L.A. CONSTRUCTION CORP. 04-14-2001 90016 040 \*\*\*158.75 Mailing Address Principal Place of Business 10777 SW 60 AVE 10777 SW 60 AVE PINECREST FL 33156 PINECREST FL 33156 US 2. Principal Place of Business 3. Mailing Address 2100 W. 76 STREET 2100 W. 76 STREET DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE 310 SUITE Applied For 4, FEI Number 65-0185116 City & State HIALEAH, FL Not Applicable HIALEAH \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ABRIL, EDVARDOL. ABRIL EDUARDO L. Street Address (P.O. Box Number is Not Acceptable) 90 W. SUNRISE AVE. CORAL GABLES FL 33134 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. EDVARDO L. ABRIL typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE NAME ABRIL, EDUARDO L. NAME STREET ADDRESS 10777 SW 60 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PINECREST FL 33156 Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS 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 true.

DUARDO L. ABRK

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:  $\lambda$