## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # L81898** Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** ERLK CO. 03-04-2000 90044 010 \*\*\*150.00 Principal Place of Business Mailing Address $\mathcal{J}_{i} < 1$ 10102 SW 23 ST. 10102 SW 23 ST. MIAMI FL 33165-7408 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EHRLICH, HARRY Street Address (P.O. Box Number is Not Acceptable) 1 10102 SW 23 ST. **MIAMI FL 33165** MIAMO 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 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete ☐ Addition TITLE EHRLICH NAME EHRLICH, HARRY 101025W23 STREET ADDRESS STREET ADDRESS 10102 SW 23 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI **MIAMI FL 33165** Change DVP Addition TITLE NAME NAME EHRLICH, ELENA STREET ADDRESS STREET ADDRESS 10102 SW 23 ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** Addition Delete TITLE ☐ Change TITLE NAME EHRLICH, PATRICIA NAME STREET ADDRESS STREET ADDRESS 10102 SW 23 ST. CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33165** Delete ☐ Change Addition TITLE NAME NAME EHRLICH, JAMES E STREET ADDRESS STREET ADDRESS 10102 SW 23 ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33165** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:X

TITLE NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Delete --

FEB 24-2000

305-5528775

- Change

☐ Addition~

Daytime Phone #