2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address 7200 NW 7TH ST

MIAMI FL 33126

3RD FLOOR

DOCUMENT#	M50777

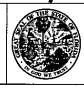
1. Entity Name

7200 NW 7TH ST 3RD FLOOR

MIAMI FL 33126

Principal Place of Business

ELIZABETH PROPERTIES, INC.





03 SEP -9 PM 4:03

SECHETARY OF STATE PALLAHASSEE. FLORIDA



US US										
	Place of Business 99 ALHAMBIA CR.	3. Mailing Address 299 ALHAMBRA CR.								
Suite, Apt.	#, etc. 5 uite # 405	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State CORAL GABLES, FL CORAL GABLES, FL CORAL GAB			BLES	, ہے		4. FEI Number 59-20278	57		pplied For ot Applicable	
Zip	Country	Zip 33/34	Country	5A +		5. Certificate of Status Desired	ertificate of Status Desired \$8.75 Add Fee Required			
	6. Name and Address of Current F	legistered Agent				7. Name and Address of Nev	w Registered A	gent		
RAMOS, LISA G 7200 NW 7TH ST			-	Name Lovis O. GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 239 ALHANBRA CINCLE						
3RD FLOO	אנ		\leq	urte	405					
MIAMI FL 33126				City CORAL GABLES FZ FL Zip Code 34						
8. The above	named entity submits this statement for	the purpose of changing its r	egistered	office or re	egistered	agent, or both, in the State of	Florida. I am fa	miliar with,	and accept	
the obligations of registered agent.										
SIGNATURE.	X nucly le	woll Lo.	015	0.6	SOM	LALEZ	Sept. of	206	23	
olari i i one :	Signature, typed a printed name of registered agent ar					nen reinstating)	DATE		_	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND D		11.			ADDITIONS/CHANGES TO O			S IN 11	
TITLE	PD	☐ Delete	TITLE		PD	NEALEZ, LOVIS	5 / /.	Change	☐ Addition	
NAME			NAME		20	DO ALHAMBRA CR. P400				
STREET ADDRESS	7200 NW 7TH ST 3RD FLOOR			ADDRESS	C 0	RAL GABLES, FZ. 3313K				
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST	T-ZIP						
TITLE	D	Delete	TITLE	ļ				Change	Addition	
NAME	GONZALEZ, IRIS		NAME			6000228	,			
STREET ADDRESS	7200 NW 7TH ST			ADDRESS	ss 09/09/0301059004 **550.00					
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST	T-ZIP						
TITLE	VΤ	Delete	, TITLE					☐ Change	☐ Addition	
NAME	SMITH, LESLIE		NAME							
STREET ADDRESS	7200 NW 7TH ST		STREET	ADDRESS					1	
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST	r-zip					1	
TITLE	D	☐ Delete	TITLE	C	15	(-tr-A		Change	☐ Addition	
NAME	RAMOS, LISA		NAME		IZA.	MOS LISA 9 ALHAMBRA C.	race #	405		
STREET ADDRESS	7200 NW 7TH ST		STREET	ADDRESS	273	RAL GABLES, F	>r	3 44		
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST							
TITLE	VS	☐ Delete	TITLE		V	in sou	ı	⊡ -€fiange	☐ Addition	
NAME	SMITH, DON		NAME		514	O SINAMBRA CR # 405]	
STREET ADDRESS	1200 1110 11110			ADDRESS	SMITH DON DEFINE Addition 299 ALHAMBRA CR #405 CORAL EABLOS F2 33/34					
CITY-ST-ZIP	ZIP MIAMI FL 33126 CITY		CITY-ST	-ZIP	سري	CAL ON TON	. ,		ì	
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME					-	Ì	
STREET ADDRESS			STREET A	ADDRESS						
CITY-ST-ZIP			CITY-ST	-ZIP					1	
12 Thereby o	ertify that the information supplied with t	ois filing doos not qualify for t	ha avarra	*****	d in Cook	on 110 07(2Vi) Florida Ctatuta	- 1 f			

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

=D/ OUTS O. GONZALEZ