

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

003764 AV

DOCUMENT # M50777

1. Entity Name
ELIZABETH PROPERTIES, INC.



03 SEP -9 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7200 NW 7TH ST
3RD FLOOR
MIAMI FL 33126
US

Mailing Address
7200 NW 7TH ST
3RD FLOOR
MIAMI FL 33126
US

2. Principal Place of Business
299 ALHAMBRA CR.

3. Mailing Address
299 ALHAMBRA CR.

Suite, Apt. #, etc.
Suite #405

Suite, Apt. #, etc.
Suite #405

City & State
CORAL GABLES, FL

City & State
CORAL GABLES, FL

Zip Country
33134 USA

Zip Country
33134 USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2027857

Applied For
Not Applicable

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

RAMOS, LISA G
7200 NW 7TH ST
3RD FLOOR
MIAMI FL 33126

Name LOUIS O. GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)
299 ALHAMBRA CIRCLE

Suite 405

City CORAL GABLES, FL Zip Code 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* LOUIS O. GONZALEZ Sept. 8, 2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when 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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME GONZALEZ, LOUIS O
STREET ADDRESS 7200 NW 7TH ST 3RD FLOOR
CITY-ST-ZIP MIAMI FL 33126 ☐ Delete

TITLE PDT
NAME GONZALEZ, LOUIS O. ☒ Change ☐ Addition
STREET ADDRESS 299 ALHAMBRA CR. #405
CITY-ST-ZIP CORAL GABLES, FL. 33134

TITLE D
NAME GONZALEZ, IRIS ☒ Delete
STREET ADDRESS 7200 NW 7TH ST
CITY-ST-ZIP MIAMI FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600022883346
09/09/03--01059--004 **550.00

TITLE VT
NAME SMITH, LESLIE ☒ Delete
STREET ADDRESS 7200 NW 7TH ST
CITY-ST-ZIP MIAMI FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME RAMOS, LISA ☐ Delete
STREET ADDRESS 7200 NW 7TH ST
CITY-ST-ZIP MIAMI FL 33126

TITLE VS
NAME RAMOS, LISA ☒ Change ☐ Addition
STREET ADDRESS 299 ALHAMBRA CIRCLE #405
CITY-ST-ZIP CORAL GABLES, FL. 33134

TITLE VS
NAME SMITH, DON ☐ Delete
STREET ADDRESS 7200 NW 7TH ST
CITY-ST-ZIP MIAMI FL 33126

TITLE V
NAME SMITH, DON ☒ Change ☐ Addition
STREET ADDRESS 299 ALHAMBRA CR #405
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

SIGNATURE: *[Signature]* LOUIS O. GONZALEZ 9/08/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)