

UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2000 8:00 a
Secretary of State

03-16-2000 90099 013 ***150.00

DOCUMENT # P93000044502

Name
ELINO, INC.

Place of Business Mailing Address
WES AVE 3078 RIO PLUMOSA ST
FL 32903 INDIALANTIC FL 32903
US

LU030738



DO NOT WRITE IN THIS SPACE

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

4. FEI Number **59-3186344**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BIZZARRO, FRANCESCO
460 E RIVIERA BLVD
INDIALANTIC FL 32903

7. Name and Address of ~~Current~~ Registered Agent **(CORRECTION)**
 Name **BIZZARRO, FRANCESCO**
 Street Address (P.O. Box Number is Not Acceptable) **3078 RIO PLUMOSA ST.**
 City **INDIALANTIC FL** Zip Code **32903**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

corporation is eligible to satisfy its Intangible 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	D BIZZARRO, FRANCESCO. 3078 RIO PLUMOSA ST INDIALANTIC FL 32903	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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I 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 furnished 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: Francisco Bizzarro **FRANCESCO BIZZARRO** 3-11-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)