

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90169 007 \*\*\*163.75

DOCUMENT # **P93000070629**

1. Entity Name  
**E.L.R.E.H. CORPORATION**

Principal Place of Business <b>1770 SW 8 ST MIAMI FL 33135</b>	Mailing Address <b>1770 SW 8 ST MIAMI FL 33135</b>
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0460495</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CASTILLO, ALVARO E  
1390 BRICKELL AVE  
STE 200  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUIZ, ENRIQUE</b>	
STREET ADDRESS	<b>1390 BRICKELL AVE STE 200</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUIZ, ROBRETO</b>	
STREET ADDRESS	<b>1390 BRICKELL AVE STE 200</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUIZ, HORACIO</b>	
STREET ADDRESS	<b>1390 BRICKELL AVE STE 20</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUIZ, EDUARDO</b>	
STREET ADDRESS	<b>1390 BRICKELL AVE STE 200</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 like empowered.

**SIGNATURE:** [Signature] **U.P. (Roberto Ruiz) 2-5-2001 (305) 649-1102**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)