

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019969

1. Entity Name
ELLONA INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90038 044 ***150.00

Principal Place of Business 608 N.E. 8TH AVENUE #1 FT LAUDERDALE FL 33304	Mailing Address 608 N.E. 8TH AVENUE #1 FT LAUDERDALE FL 33304-5009
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2125 NE 25th ST Suite, Apt. #, etc.	3. Mailing Address 2125 NE 25th ST Suite, Apt. #, etc.
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City & State WILTON MANORS, FL Zip 33305 Country U.S.A.	City & State WILTON MANORS, FL Zip 33305 Country U.S.A.
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4. FEI Number 65-0747207	Applied For <input type="checkbox"/> Not Applicable
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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

SHEINFELD, ALAN L.
 C/O DUNCANSON & SHEINFELD PA
 2131 HOLLYWOOD BLVD, #507
 HOLLYWOOD FL 33020

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax 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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO GELLONA, ANTONIO 608 NE 8TH AVE FT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2125 N.E. 25th Street Wilton Manors, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPD Herrera, Felipe 2125 N.E. 25th Street Wilton Manors, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: ANTONIO GELLONA Date: 4/14/00 Daytime Phone #: (954) 537-6078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)