

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 30, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90007 013 \*\*\*150.00  
08-30-2000 90003 035 \*\*\*400.00

DOCUMENT # P98000028046

1. Entity Name  
**ELANSAM INCORPORATED**

Principal Place of Business  
124 EAST FLAGLER STREET  
MIAMI FL 33131

Mailing Address  
124 EAST FLAGLER STREET  
MIAMI FL 33131

00104860



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**50 S.E. 3RD. AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**50 S.E. 3RD. AVE.**  
Suite, Apt. #, etc.

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

4. FEI Number  
**65-0831928**

Applied For  
 Not Applicable

Zip  
**33131**

Country  
**U.S.A.**

Zip  
**33131**

Country  
**U.S.A.**

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

6. Name and Address of Current Registered Agent

**ROSSZ FIU CORPORATION**  
200 SOUTH BISCAYNE BLVD 20TH FLOOR  
MIAMI FL 33131-2310

7. Name and Address of New Registered Agent

Name **ELANA KRANTMAN SAKA**  
Street Address (P.O. Box Number is Not Acceptable)  
**50 S.E. 3RD. AVE.**  
City **MIAMI, FL** Zip Code **33131**

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 - P **ELANA KRANTMAN SAKA**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE **8/7/2000**

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 \$550.00**  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>D</b>	<b>FARBER, BECKY SAKA</b>	<b>124 EAST FLAGLER STREET</b> <b>MIAMI FL 33131</b>	<input checked="" type="checkbox"/>
	<b>D</b>	<b>KRANTMAN, ELANA</b>	<b>124 EAST FLAGLER STREET</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>D</b>	<b>SAKA KRANTMAN, ELANA</b>	<b>50 S.E. 3RD. AVE.</b> <b>MIAMI, FL 33131</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **ELANA KRANTMAN SAKA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **8/7/2000**

DAYTIME PHONE # **(305) 942-6387**

CR2E034 (5/00)