

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90140 047 ***150.00

DOCUMENT # P02000051902

1. Entity Name
E.L. STATION, CORP.



Principal Place of Business
**780 NW 42 AVE., STE. 420
MIAMI FL 33126**

Mailing Address
**780 NW 42 AVE., STE. 420
MIAMI FL 33126**



2. Principal Place of Business

800 CLAUGHTON IS.

3. Mailing Address

800 CLAUGHTON IS.

Suite, Apt. #, etc.
1501

Suite, Apt. #, etc.
1501

City & State
MIAMI FL.

City & State
MIAMI FL.

Zip
33131

Country
U.S.A.

Zip
33131

Country
U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
14-1845981

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MAZZA-MARTINEZ, TANIA A
780 NW 42 AVE., STE. 420
MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name
ANTONIO E. DI BUONGRAZIO

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

ANTONIO E. DI BUONGRAZIO

3-18-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE **P** ☐ Delete
NAME **BUONGRAZIO, ANTONIO E**
STREET ADDRESS **780 NW 42 AVE., STE. 420**
CITY-ST-ZIP **MIAMI FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **DI BUONGRAZIO ANTONIO E.**
STREET ADDRESS **800 CLAUGHTON IS. #1501**
CITY-ST-ZIP **MIAMI FL 33131**

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

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

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

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: **ANTONIO E. DI BUONGRAZIO 3/18/03 7864251044**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)