

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90241 006 ***150.00

DOCUMENT # **333091**

1. Entity Name
ELVIRA INC.



DO NOT WRITE IN THIS SPACE

11017045

2. Principal Place of Business
6325 MAYNADA

Suite, Apt. #, etc.

3. Mailing Address
SAME

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL

City & State

4. FEI Number
59-1284385

Applied For

Not Applicable

Zip
33146

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
JAY M. COHEN

Street Address (P.O. Box Number is Not Acceptable)
6325 MAYNADA

City
CORAL GABLES **FL** Zip Code
33146

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
PRESIDENT
NAME
JAY M. COHEN
STREET ADDRESS
6325 MAYNADA
CITY-ST-ZIP
CORAL GABLES, FL 33146

TITLE
VICE PRES.
NAME
DIANE COHEN
STREET ADDRESS
6325 MAYNADA
CITY-ST-ZIP
CORAL GABLES, FL 33146

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-03 305-665-3096

CR2E034B (12/02)