2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PO

0

SIGNATURE:

FILED DOCUMENT # 471526 Mar 23, 2000 8:00 am 1. Entity Name **Secretary of State** ELIAS DEVELOPMENT CORP. 03-23-2000 90003 013 ***150.00 Mailirig Address Principal Place of Business 7150 S.W. 62ND AVE., STE 107 7150 S.W. 62ND AVE., STE 107 MIAMI FL 33143-4786 MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City'& State 4. FEI Number City & State 59-1629580 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6: Name and Address of Current Registered Agent ELIAS, GEORGE Street Address (P.O. Box Number is Not Acceptable) 7150 S.W. 62ND AVE., STE 107 **MIAMI FL 33143** 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 (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Change Addition ☐ Delete TITLE TITLE ELIAS, GWYNN M. NAME NAME 7150 S.W. 62ND AVE., STE 107 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** ■ Addition ☐ Change ☐ Delete TITLE ELIAS, BEVERLY M NAME STREET ADDRESS 7150 S.W. 62ND AVE., STE 107 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** ☐ Addition Change │ ~ □ Delete TITLE **ELIAS. GEORGE** NAME NAME STREET ADDRESS 7150 S.W. 62ND AVE., STE 107 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** ☐ Change Addition ☐ Delete TITLE TITLE WILES, CURTIS T NAME NAME STREET ADDRESS 7150 S.W. 62ND AVE., STE 107 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

22-00 (305)661-1815

Date

Daytime Phone #