

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 623701**

1. Entity Name

**ELM HOLDING CORPORATION**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90452 041 \*\*\*150.00

Principal Place of Business	Mailing Address
% MARJORIE WEBER 6644 WINDSOR LANE MIAMI BEACH FL 33141 US	Marjorie J. Weber 555 N.E. 34th Street Miami, Florida 33137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	04-2022003	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WEBER, MARJORIE J.**  
**6644 WINDSOR LANE**  
**MIAMI BEACH FL 33141**

Marjorie J. Weber  
 555 N.E. 34th Street  
 Miami, Florida 33137

Name		
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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	PD	<input type="checkbox"/> Delete
NAME	ROSEN, RUTH	
STREET ADDRESS	20355 NE 34TH CT.	
CITY-ST-ZIP	N MIAMI BCH., FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEBER, MARJORIE	
STREET ADDRESS	6644 WINDSOR LN	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BADGER, ELLEN	
STREET ADDRESS	185 MONROE DR	
CITY-ST-ZIP	W PALM BEACH FL 33405	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EGBERT, LINDA	
STREET ADDRESS	433 GUARD HILL RD	
CITY-ST-ZIP	BEDFORD NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marjorie J. Weber	
STREET ADDRESS	555 N.E. 34th Street	
CITY-ST-ZIP	Miami, Florida 33137	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLEN BADGER	
STREET ADDRESS	60 A Charles Bark	
CITY-ST-ZIP	WALTHAM, MASS 02453	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Ruth A. Rosen President Date: \_\_\_\_\_ Daytime Phone #: 7123/00

CR2E034 (9/99)