

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 683596

1. Entity Name
ELIAS & CO. REALTY, INC.

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90133 038 ***150.00

Principal Place of Business
241 SEVILLA AVE
#200
CORAL GABLES FL 33134

Mailing Address
241 SEVILLA AVE
#200
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
350 Sevilla Ave
Suite, Apt. #, etc.
#104
City & State
CORAL GABLES - FLA
Zip
33134
Country
USA

3. Mailing Address
350 Sevilla Ave
Suite, Apt. #, etc.
#104
City & State
CORAL GABLES - FLA
Zip
33134
Country
USA

4. FEI Number 59-2027384
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ELIAS, OLGA M
8500 SW 86TH CT.
MIAMI FL 33143

7. Name and Address of New Registered Agent

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD			
	ELIAS, OLGA M	8500 SW 86TH COURT	MIAMI, FL 00000	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: _____ Date: 2/1/01 Daytime Phone #: 3054429766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)