

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000578

1. Entity Name

E & L REALTY ASSOCIATES LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33

Principal Place of Business

5105 MISSION HILLS AVE  
TAMPA FL 33617

Mailing Address

5105 MISSION HILLS AVE  
TAMPA FL 33617-4037



2. Principal Place of Business

2421- TERESA Circle

Suite, Apt. #, etc.

B

3. Mailing Address

2421 B TERESA Circle

Suite, Apt. #, etc.

B

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

65-0484604

Applied For

Not Applicable

Zip

33629

Country

USA

Zip

33629

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELKIND, MANUEL  
5105 MISSION HILLS AVE  
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name

MANUEL ELKIND

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

2421- B TERESA Circle

City

TAMPA

FL

Zip Code

33629

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

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

(NOTE: Registered Agent signature required when reinstating)

4/28/00

DATE

9. Capital Contributions  
as Shown on record.

\$495,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P94000029165  
NAME EGLM CORP.  
STREET ADDRESS 5105 MISSION HILLS AVE  
CITY - ST - ZIP TAMPA FL 33617

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2421- B TERESA Circle

CITY - ST - ZIP

TAMPA FL 33629

DOCUMENT #  
NAME  
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CITY - ST - ZIP

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CITY - ST - ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/00

Date

813-251-0895

Daytime Phone #

CF - 100 - (1/98)