

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # F95000000815

1. Entity Name

ELEGANT LIVING-MANAGEMENT, LTD. CORP.

R

FILED
Jun 16, 2000 8:00 am
Secretary of State

04-26-2000 90429 001 ***300.00

Principal Place of Business

Mailing Address

419 CROSSWAYS PARK DR.
WOODBURY NY 11797

419 CROSSWAYS PARK DR.
WOODBURY NY 11797-2061

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

51-0345049

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENNIFER FT. LAUDERDALE, INC.
2800 NORTH FEDERAL HWY.
FT. LAUDERDALE FL 33351

Name

Scott Decabalia

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

5058 N. Federal Hwy. #

City

Ft. Lauderdale

FL

Zip Code

33306

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)

DATE

5/25/00

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 CP
NAME ABADA, RAMI
STREET ADDRESS 419 CROSSWAYS PARK DRIVE
CITY-ST-ZIP WOODBURY NY 11797 ☐ Delete

TITLE PRESIDENT
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE EVP
NAME NADEL, GEORGE
STREET ADDRESS 419 CROSSWAYS PARK DRIVE
CITY-ST-ZIP WOODBURY NY ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CEO
NAME Greenfield, Harley
STREET ADDRESS 419 Crossways Park Drive
CITY-ST-ZIP Woodbury, NY 11797 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

(516) 496-1900

Date

Daytime Phone

CR2E034 (9/99)