

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90449 039 ***158.75

DOCUMENT # **G 72278**

1. Entity Name

ELAN REALTY, INC
2499 GLADES RD Suite 104
BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2499 GLADES RD

Suite, Apt. #, etc.

Suite 104

City & State

BOCA RATON, FL

Zip

33431

Country

USA

3. Mailing Address

2499 Glades Rd

Suite, Apt. #, etc.

Suite 104

City & State

BOCA RATON, FL

Zip

33431

Country

USA

4. FEI Number

59-2472965

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HARLAN T. COHEN

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

2499 GLADES RD, Suite 104

City

BOCA RATON FL

Zip Code

33431

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

HARLAN T. COHEN
2499 Glades Rd Suite 104
BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

2499 Glades Rd., #104
Boca Raton, FL 33431

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **HARLAN T. COHEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/28/02 (561) 750-9050

CR2E034B (12/01)