

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G79567

1. Entity Name

SAM ELIAS, P.A.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90204 029 ***150.00

Principal Place of Business

Mailing Address

3950 N. 37TH AVE.
HOLLYWOOD FL 33021

3950 N. 37TH AVE.
HOLLYWOOD FL 33021-1925

2. Principal Place of Business

3. Mailing Address

2475 Hollywood Blvd
Suite, Apt. #, etc.

2475 Hollywood Blvd
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Hollywood Florida

Hollywood Florida

4. FEI Number

59-2363895

Applied For

Not Applicable

Zip

Country

33020

USA.

Zip

Country

33020

USA.

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

ELIAS, SAM P.A.
3950 NORTH 37TH AVENUE
HOLLYWOOD FL 33021

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

Samuel M. Elias

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) ☐

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 ☐ Delete
NAME P
STREET ADDRESS ELIAS, SAMUEL
CITY-ST-ZIP 3950 N. 37TH AVE.
HOLLYWOOD FL 33021

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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:

Samuel M. Elias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 5, 2000

954-926-1040

CR2E034 (9/99)