

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90264 023 ***150.00

DOCUMENT # H40050

1. Entity Name

SKAF-ELIAS PROPERTIES, INC.

Principal Place of Business

**444 BRICKELL AVENUE
 SUITE 1020
 MIAMI FL 33131**

Mailing Address

**444 BRICKELL AVENUE
 SUITE 1020
 MIAMI FL 33131**

2. Principal Place of Business

5757 Blue Lagoon Dr.

Suite, Apt. #, etc.

Ste 220

City & State

Miami, FL

Zip

33126

Country

USA

3. Mailing Address

5757 Blue Lagoon Dr.

Suite, Apt. #, etc.

Ste 220

City & State

Miami, FL

Zip

33126

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2506825

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SKAF, JACQUELINE
 444 BRICKELL AVE
 STE. 1020
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

5757 Brickell Dr Blue Lagoon Dr.

Ste 220

City

Miami

FL

Zip Code

33126

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

Jacqueline Skaf, Jacqueline Skaf

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/01

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	P	<input type="checkbox"/> Delete
NAME	HAGUE, ANDREW	
STREET ADDRESS	444 BRICKELL AVE, STE 1020	
CITY-ST-ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ELIAS, BRIAN	
STREET ADDRESS	444 BRICKELL AVE, STE. 1020	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Brian Elias, Brian Elias

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/01

Date

305-358-6550

Daytime Phone #

CR2E034 (10/00)

0152111