

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J39334

1. Entity Name

ELLIOTT J. GELFAND, CPA, P.A.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90098 018 ***150.00

Principal Place of Business

9400 S DADELAND BLVD
SUITE 100
MIAMI FL 33156
US

Mailing Address

11400 SW 131 AVE
MIAMI FL 33186-4635

2. Principal Place of Business

10691 N. Kendall DR

3. Mailing Address

10691 N. Kendall DR

Suite, Apt. #, etc.

STE 311

Suite, Apt. #, etc.

STE 311

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33176

Country

USA

Zip

33176

Country

USA

4. FEI Number

59-2726927

Applied For

Not Applicable

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

GELFAND, ELLIOTT J.
11400 SW 131 AVE
MIAMI FL

Name

ELLIOTT J. GELFAND

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

10691 N. Kendall DR

Suite 311

City

MIAMI

FL

Zip

33176

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

Elliott J. Gelfand ELLIOTT J. GELFAND

2/10/2000

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	DP	☐ Delete
NAME	GELFAND, ELLIOTT J.	
STREET ADDRESS	11400 SW 131 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	☐ Delete
NAME	GELFAND, CAROLE E	
STREET ADDRESS	11400 SW 131 AVE.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Elliott J. Gelfand ELLIOTT J. GELFAND

2/10/2000

305-274-8181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)