

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90333 023 \*\*\*150.00

**DOCUMENT # J39334**

1. Entity Name  
**ELLIOTT J. GELFAND, CPA, P.A.**



Principal Place of Business  
**10691 N KENDALL DR**  
**311**  
**MIAMI FL 33176**  
**US**

Mailing Address  
**10691 N KENDALL DR**  
**311**  
**MIAMI FL 33176**  
**US**

2. Principal Place of Business  
**10661 N. KENDALL DR**

3. Mailing Address  
**10661 N. KENDALL DR**

Suite, Apt. #, etc.  
**201**

Suite, Apt. #, etc.  
**201**

City & State  
**MIAMI FL**

City & State  
**MIAMI FL**

Zip Country  
**33176 USA**

Zip Country  
**33176 USA**

4. FEI Number **59-2726927**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**GELFAND, ELLIOTT J.**  
**10691 N KENDALL DR**  
**311**  
**MIAMI FL 33176**

## 7. Name and Address of New Registered Agent

Name **ELLIOTT J. GELFAND**  
Street Address (P.O. Box Number is Not Acceptable)  
**10661 N. KENDALL DR #201**  
City **MIAMI FL** Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

**ELLIOTT J. GELFAND**

**1/24/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>GELFAND, ELLIOTT J.</b>	
STREET ADDRESS	<b>11400 SW 131 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>GELFAND, CAROLE E</b>	
STREET ADDRESS	<b>11400 SW 131 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33186</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. 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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **ELLIOTT J. GELFAND**

**1/24/03**

**305-274-8181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)