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FILED
Jun 03, 2002 8:00 am
Secretary of State

05-14-2002 90292 016 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K29512

1. Entity Name
ELAN FOR CARRIAGE HOUSE, INC.

DO NOT WRITE IN THIS SPACE

34552

2. Principal Place of Business	3. Mailing Address
1855 GRIFFIN ROAD	1855 GRIFFIN ROAD
Suite, Apt. #, etc. B-342	Suite, Apt. #, etc. B-342
City & State DANIA BEACH, FLORIDA	City & State DANIA BEACH, FL.
Zip 33004 Country USA	Zip 33004 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0085098 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MONROE SHERMAN

Street Address (P.O. Box Number is Not Acceptable) 625 VILABELLA AVENUE

City Coral Gables FL Zip Code 33146.

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	P	TITLE	
NAME	SHERMAN, MONROE D.	NAME	
STREET ADDRESS	625 VILABELLA AVE.	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FLORIDA 33146	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034 (1/01)

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: [signature] PRESIDENT 5.28.02 954-925-2661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #