

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90045 004 ***150.00

DOCUMENT # K56867

1. Entity Name

EAST ELAN, CORP.

Principal Place of Business

Mailing Address

% JOSE A. SENDRA
 412 SE 33RD ST
 CAPE CORAL FL 33904
 US

C/O J.A. SENDRA
 P O BOX 1335
 CAPE CORAL FL 33910

C0020397



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1314 E. CAPE CORAL PKWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 203

City & State
CAPE CORAL, FL.

City & State

4. FEI Number **65-0179966**

Applied For

Not Applicable

Zip
33904

Country
US

Zip

Country

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

**SENDRA, JOSE A.
 412 SE 33RD ST
 CAPE CORAL FL 33904**

Name

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

1314 E. CAPE CORAL PKWY SUITE # 203

City

CAPE CORAL

FL

Zip Code
33904

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) ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENEUMOSTIER, ANGEL 412 SE 33RD ST CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DENEUMOSTIER, NORMA P. 412 SE 33RD ST CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DENEUMORTIER, EDUARDO 412 SE 33RD ST CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SENDRA, JOSE A. 412 SE 33RD ST CAPE CORAL FL 33904	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1314 E. CAPE CORAL PKWY SUITE # 203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1314 E. CAPE CORAL PKWY SUITE # 203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1314 E. CAPE CORAL PKWY SUITE # 203
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/01
 Date

941-9456777
 Daytime Phone #

CR2E034 (10/00)