

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90409 026 ****50.00

DOCUMENT # L02000031781

1. Entity Name

ELIE & C INVESTMENTS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~13212 W. Dixie Highway~~
Suite, Apt. #, etc.
13786 NE 11th Ave

P O BOX 610365
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

N. MIAMI, FL

N. MIAMI

75-3089272

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

33161

USA

33161

USA

7. Name and Address of Current Registered Agent

Name

WILLIAM BARDAWIL, M.M.

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

13786 NE 11th AVE

City

N. MIAMI

FL

Zip Code
33161

**DO NOT WRITE
IN THIS SPACE**

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

William Bardawil

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

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE	ELIE BARDAWIL
NAME	13786 NE 11th AVE
STREET ADDRESS	N. MIAMI, FL 33161
CITY-ST-ZIP	
TITLE	CAROL BARDAWIL
NAME	13786 NE 11th AVE
STREET ADDRESS	N. MIAMI, FL 33161
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *William Bardawil*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

M.M.

4/17/03

Date

305 891-0190

Daytime Phone #

CR2E083B (12/02)