

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003082

1. Entity Name

ELENSTIL, L.L.C.

FILED

00 JAN 18 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8345 FOXWORTH CIRCLE
ORLANDO FL 32819

Mailing Address

8345 FOXWORTH CIRCLE
ORLANDO FL 32819-5036

2. Principal Place of Business

951 W. SAND LAKE RD

Suite, Apt. #, etc.

3. Mailing Address

951 W. Sand Lake Rd.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3582617

Applied For

Not Applicable

Zip 32809

Country

USA

Zip 32809

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HARARY, RICHARD

8345 FOXWORTH CIRCLE
ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

HARARY, Richard

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

951 W. SAND LAKE Road

City

Orlando

FL

Zip Code

32809

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

1/13/2000

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HARARY, RICHARD	
STREET ADDRESS	8345 FOXWORTH CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	HARARY, SAMY SELIM	
STREET ADDRESS	RUA BARONEZA DE ITU #605 APT #91	
CITY-ST-ZIP	SAO PAULO, SAO PAULO BRAZIL FL 32819	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	HARARY, VITOR ROBERTO	
STREET ADDRESS	RUA BARONEZA DE ITU #605 APT #91	
CITY-ST-ZIP	SAO PAULO, SAO PAULO BRAZIL FL 32819	
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		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700003117757--2	
STREET ADDRESS	-02/01/00--01041--001	
CITY-ST-ZIP	*****58.75 *****	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARARY, SAMY Selim	
STREET ADDRESS	RUA BARONEZA DE ITU #605 apt 91	
CITY-ST-ZIP	Sao Paulo - S.P. 01231-001 - BRAZIL	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARARY, VITOR Roberto	
STREET ADDRESS	RUA BARONEZA DE ITU #605 apt 91	
CITY-ST-ZIP	Sao Paulo - S.P. 01231-001 - BRAZIL	
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		

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:

SIGNATURE REQUIRED

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER)

1/13/2000 (407) 858-9991

Date

Daytime Phone #