

2001 UNIFORM BUSINESS REPORT (UBR)

0006812 AF

DOCUMENT # L99000003082

1. Entity Name

ELENSTIL, L.L.C.

Principal Place of Business

951 W. SAND LAKE ROAD
ORLANDO FL 32809

Mailing Address

951 W. SAND LAKE ROAD
ORLANDO FL 32809

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3582617

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARARY, RICHARD
951 W. SAND LAKE ROAD
ORLANDO FL 32809

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HARARY, RICHARD
8345 FOXWORTH CIRCLE
ORLANDO FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003632067-2
-02/05/01-01014-010
*****55.00 *****55.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HARARY, SAMY SELIM
RUA BARONEZA DE ITU #605 APT #91
SAO PAULO, SAO PAULO BRAZIL FL 01231-001 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HARARY, VITOR ROBERTO
RUA BARONEZA DE ITU #605 APT #91
SAO PAULO, SAO PAULO BRAZIL FL 01231-001 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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

Date

Daytime Phone #

1/22/01 (407) 858-9991

CR2E083 (11/00)

FILED

01 JAN 29 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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