

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004026**

1. Entity Name

**ELRAC NATIONS LLC**

FILED

00 MAR -8 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**2555 JARDIN MANOR  
WESTON FL 33327**

Mailing Address  
**SA416**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **65-0965112**  
Applied For  
Not Applicable

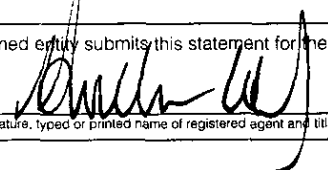
5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**H. WILIAM WALKER  
501 BRICKELL KEY DR  
MIAMI FL 33131**

7. Name and Address of New Registered Agent  
Name **ANDREW R WEISS**  
Street Address (P.O. Box Number is Not Acceptable)  
**2555 JARDIN MANOR**  
City **WESTON** FL **33327**

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  (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		
TITLE	MANAGING MEMBER	<input type="checkbox"/> Delete
NAME	ANDREW R WEISS	
STREET ADDRESS	2555 JARDIN MANOR	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	MEMBER	<input type="checkbox"/> Delete
NAME	RONNI E WEISS	
STREET ADDRESS	466 STONEMAN DR	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	MEMBER	<input type="checkbox"/> Delete
NAME	ALONSO E GABO FAJON	
STREET ADDRESS	30 ACOB POND DR	
CITY-ST-ZIP	NORTH HAVEN NY 11576	
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	
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	
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER  
Date **3/5/00** Daytime Phone # **(304) 379 7400**

CR2E083 (11/99)