

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90024 039 ***150.00

DOCUMENT # P000000005733
 1. Entity Name
 ELYRO'S GENERAL SERVICES, CORP. ✓

Principal Place of Business Mailing Address
 6857 NE 3 AVENUE
 Miami Fl. 33138

769812

2. Principal Place of Business 3. Mailing Address
 6857 NE 3 AVENUE 6857 NE 3 AVENUE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

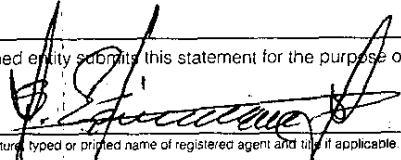
City & State FL City & State FL
 Miami FL Miami FL
 Zip 33138 Country Zip 33138 Country

4. FEI Number 65-0973591 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ESPINOSA, SILVESTRE R.
 1550 N.E. 173 ST.
 N. Miami Beach Fl. 33162

7. Name and Address of New Registered Agent
 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  DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

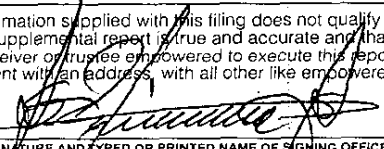
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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	PD	TITLE	
NAME	ESPINOSA SILVESTRE R.	NAME	
STREET ADDRESS	1550 N.E. 173 ST.	STREET ADDRESS	
CITY-ST-ZIP	N. Miami Beach, Fl. 33162	CITY-ST-ZIP	
TITLE	UD	TITLE	
NAME	TRANSITO CEORA ANGELA R.	NAME	
STREET ADDRESS	1550 N.E. 173 ST.	STREET ADDRESS	
CITY-ST-ZIP	N. Miami Beach, Fl. 33162	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  DATE: 4/25/01 DAYTIME PHONE #: (305) 485-9300

CR2E034 (1/1/00)