

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90293 016 \*\*\*150.00

0161590

**DOCUMENT # P00000051067**

1. Entity Name  
**ELCOL, INC.**

Principal Place of Business <b>1313 PONCE DE LEON BLVD. STE 301          CORAL GABLES FL 33134</b>	Mailing Address <b>1313 PONCE DE LEON BLVD. STE 301          CORAL GABLES FL 33134</b>
-----------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6955 NW 77 Ave</b>	3. Mailing Address <b>6955 NW 77th Ave</b>
---------------------------------------------------------	-----------------------------------------------

Suite, Apt. #, etc. <b>203</b>	Suite, Apt. #, etc. <b>203</b>
-----------------------------------	-----------------------------------

City & State <b>MIAMI, FL</b>	City & State <b>MIAMI, FL</b>
----------------------------------	----------------------------------

4. FEI Number  
**65-1025158**

Applied For  
 Not Applicable

Zip <b>33166-2845</b>	Country <b>MIAMI-DADE</b>	Zip <b>33166-2845</b>	Country <b>MIAMI-DADE</b>
--------------------------	------------------------------	--------------------------	------------------------------

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SANCHEZ-GALARRAGA, JORGE**  
**1313 PONCE DE LEON BLVD, STE 301**  
**CORAL GABLES FL 33134**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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 <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>SANCHEZ-GALARRAGA, JORGE</b> STREET ADDRESS <b>1313 PONCE DE LEON BLVD, STE 301</b> CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>	TITLE <b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>MARISCLA GARCIA-DE-LA-CRUZ</b> STREET ADDRESS <b>6955 NW 77th Ave #203</b> CITY-ST-ZIP <b>MIAMI, FL 33166-2845</b>
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>ANTONIO RODRIGUEZ</b> STREET ADDRESS <b>6955 NW 77th Ave #203</b> CITY-ST-ZIP <b>MIAMI, FL 33166-2845</b>
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <b>S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>TERESA M. FRAU</b> STREET ADDRESS <b>6955 N.W 77th Ave, 203</b> CITY-ST-ZIP <b>MIAMI, FL 33166-2845</b>
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <b>S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>OLGA VAZQUEZ</b> STREET ADDRESS <b>6955 NW 77th Ave #203</b> CITY-ST-ZIP <b>MIAMI, FL 33166-2845</b>
TITLE <input type="checkbox"/> Delete 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"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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)(i), 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: *Teresa M. Frau*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**TERESA M. FRAU S/D**

Date **4-17-01** Daytime Phone # **(305) 888-5913**

CR2E034 (10/00)