

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

0143690 AV

DOCUMENT # P00000079175

1. Entity Name
ELVIMAR, INC.



04-11-2003 90099 026 ***150.00

Principal Place of Business
71 W 30 ST
HIALEAH FL 33012

Mailing Address
71 W 30 ST
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1042532**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ALVAREZ, ELVIRA
71 W. 30TH STREET
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name **JOSEFINA L. LLANES**

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

71 W. 30 ST.

HIALEAH

HIALEAH

FL **Zip Code** **33012**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JOSEFINA L. LLANES**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/8/03.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ **Delete**
NAME **MARRERO, JUAN F**
STREET ADDRESS **14328 S.W. 14TH STREET**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE **D** ☒ **Delete**
NAME **ALVAREZ, ELVIRA**
STREET ADDRESS **13650 S.W. 36TH STREET**
CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PUP, ST** ☒ **Change** ☒ **Addition**
NAME **JOSEFINA L. LLANES**
STREET ADDRESS **411 SW 136 CT**
CITY-ST-ZIP **MIAMI FL 33184**

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JOSEFINA L. LLANES**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/03.

CR2E034 (10/02)