

2001 UNIFORM BUSINESS REPORT (UBR)

5/10

FILED
Jun 08, 2001 8:00 am
Secretary of State

05-10-2001 90209 039 ***150.00

DOCUMENT # P00000097624

1. Entity Name

ELE CORPORATION

Principal Place of Business

3805 S W 8TH STREET
 CORAL GABLES FL 33134

Mailing Address

3805 S W 8TH STREET
 CORAL GABLES FL 33134

2. Principal Place of Business

2656 S.W. 137th AVE
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

4. FEI Number

65-1051130

Applied For

Not Applicable

Zip

33105

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VILARINO, MANUEL I
 3805 S W 8TH STREET
 CORAL GABLES FL 33134

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

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

(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

TITLE	MANUEL I. VILARINO	<input type="checkbox"/> Delete
NAME	MANUEL I. VILARINO	
STREET ADDRESS	3805 S.W. 8th St	
CITY-ST-ZIP	CORAL GABLES FL 33134	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANUEL I. VILARINO	
STREET ADDRESS	3805 SW 8ST.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	Secretary / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANA ELENA VILARINO	
STREET ADDRESS	3805 SW 8ST.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	Vice-President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Isidoro A. Vilario	
STREET ADDRESS	3805 SW 8ST	
CITY-ST-ZIP	CORAL GABLES-FL-33134	
TITLE	Treasurer / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Annita E. Vilario	
STREET ADDRESS	3805 SW 8ST.	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel I. Vilarino

4/26/01

Date

(305) 448-5660

Daytime Phone #

CR2034 (10/00)