

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098858

1. Entity Name
ELI SCOTT PROPERTIES, INC.Principal Place of Business
8888 NW 47 DRIVE
CORAL SPRINGS FL 33067Mailing Address
8888 NW 47 DRIVE
CORAL SPRINGS FL 330672. Principal Place of Business
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.City & State
ZipCity & State
Zip

Country

4. FEI Number
65-1050904 Applied For
 Not Applicable5. Certificate of Status Desired
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OXMAN, SCOTT A
8888 NW 47 DRIVE
CORAL SPRINGS FL 33067

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **D** Delete
NAME OXMAN, SCOTT A
STREET ADDRESS 8888 NW 47 DRIVE
CITY-ST-ZIP CORAL SPRINGS FL 33067TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** Delete
NAME HURWITZ, ELIAS
STREET ADDRESS 5504 NW 77 TERRACE
CITY-ST-ZIP CORAL SPRINGS FLTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change Addition
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CITY-ST-ZIPTITLE Delete
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CITY-ST-ZIPTITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE Change 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: *Elias Hurwitz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: *Elias Hurwitz*

4/4/02 954-341-3096

Daytime Phone #

0181039 AV

CR2E034 (9/01)