

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90092 005 ***150.00

DOCUMENT #

1. Entity Name

Elgazar Inc.
PO1000018623

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7760B NW 44 St.

3. Mailing Address

7760B NW 44 St.

Suite, Apt. #, etc.

#168

Suite, Apt. #, etc.

#168

City & State

Sunrise, FL

City & State

Sunrise, FL

Zip

33351

Country

U.S.A

Zip

33351

Country

U.S.A

4. FEI Number

65-1130548

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Sharon Elgazar

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

7760B NW 44 St. #168

City

Sunrise, FL

FL

Zip Code

33351

**DO NOT WRITE
IN THIS SPACE**

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

Sharon Elgazar - President Sharon Elgazar

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	<i>President, Director, (PD)</i>
NAME	<i>Sharon Elgazar</i>
STREET ADDRESS	<i>7760B NW 44 St. #168</i>
CITY-ST-ZIP	<i>Sunrise, FL, 33351</i>
TITLE	<i>Vice President, Director (VD)</i>
NAME	<i>Roni Elgazar</i>
STREET ADDRESS	<i>7760 NW 44 St. #168</i>
CITY-ST-ZIP	<i>Sunrise, FL 33351</i>
TITLE	<i>Secy-Treas Director (STD)</i>
NAME	<i>Aviva Stempler</i>
STREET ADDRESS	<i>7760B NW 44 St. #168</i>
CITY-ST-ZIP	<i>Sunrise, FL, 33351</i>
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE *Sharon Elgazar - President Sharon Elgazar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/02 (954)6550808

Daytime Phone #