

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000058166

FILED
Mar 08, 2002 8:00 AM
Secretary of State

Entity Name: ELDA INVESTMENTS, INC.

Current Principal Place of Business:

590 NW 88 STREET
MIAMI, FL 33150

New Principal Place of Business:

Current Mailing Address:

590 NW 88 STREET
MIAMI, FL 33150

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, MARTHA E
590 NW 88 STREET
MIAMI, FL 33150

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: GONZALEZ, NORBERTO
Address: 590 NW 88 STREET
City-St-Zip: MIAMI, FL 33150 US

Title: VP () Change (X) Addition
Name: GONZALEZ, MARTHA
Address: 590 NW 88 STREET
City-St-Zip: MIAMI, FL 33150 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA GONZALEZ

VP

03/08/2002

Electronic Signature of Signing Officer or Director

_____ Date