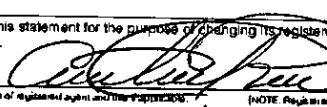
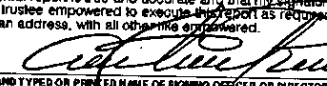


FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90193 012 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000072893			
1. Entity Name ELEICY TRANS, INC.			
Principal Place of Business 4220 S.W. 21ST STREET FT LAUDERDALE, FL 33317		Mailing Address 4220 S.W. 21ST STREET FT LAUDERDALE, FL 33317	
2. Principal Place of Business 4970 SW 52ST Suite, Apt. #, etc. 304		3. Mailing Address 1227 FAIRLAKE TRACE Suite, Apt. #, etc. 708	
City & State DAVE, FL		City & State WESTON, FL	
Zip 33314		Zip 33326	
Country U.S.A.		Country U.S.A.	
4. FEI Number 85-1145117		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NAVIA, IRAN 4220 S.W. 21ST STREET FT LAUDERDALE, FL 33317 DELETE		7. Name and Address of New Registered Agent Name CESAR TIBERIO RIVERA Street Address (P.O. Box Number is Not Acceptable) 1227 FAIRLAKE TRACE City WESTON FL Zip Code 33326	
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  Signature, typed or printed name of registered agent and the date (NOTE: Registered Agent's Signature required when submitting)		DATE 2/12/2003	
FEE: NEW FILING FEE IS \$150.00 FEE: MAY 1, 2003 FEE WILL BE \$150.00 CHECK PAYABLE TO FIDELITY & BOND CO. OF FLA.		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP DPS NAVIA, IRAN 4220 S.W. 21ST STREET FT LAUDERDALE, FL 33317 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP RD CESAR TORIBIO RIVERA 1227 FAIRLAKE TRACE # 708 WESTON FL 33326 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP UP BETSABE NINO 1227 FAIRLAKE TRACE # 708 WESTON FL 33326 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other information.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 2/12/03 Daytime Phone # (954) 349-3650	

90028989



☐ CHECK HERE IF MAKING CHANGES

CR2EC034 (10/02)