

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

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90126 016 \*\*\*150.00

DOCUMENT # PO1000081151  
1. Entity Name Elda Enterprises, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business Miami Beach, FL  
Suite, Apt. #, etc. #12 835 Meridian Ave

3. Mailing Address 835 Meridian Avenue  
Suite, Apt. #, etc. #12

DO NOT WRITE IN THIS SPACE

City & State Miami Beach FL  
Zip 33139 Country USA

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Zip 33139 Country USA

4. FEI Number 45-1133389  
Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name David A. D'Ovidio  
Street Address (P.O. Box Number is Not Acceptable) 835 Meridian Avenue #12  
Suite #12  
City Miami Beach FL Zip Code 33139

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 David A. D'Ovidio  
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)

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President, Treasurer</u> <u>David D'Ovidio</u> <u>835 Meridian Ave #12</u> <u>Miami Beach FL 33139</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President, Sec.</u> <u>Elliot Loveman</u> <u>6300 Killian Dr.</u> <u>Pinecrest, FL 33156</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: D.A. D'Ovidio  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)