

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90161 003 \*\*\*150.00

0073867  
AV

**DOCUMENT # P01000083151**

1. Entity Name

E.L.L. ENTERPRISES, INC.



Principal Place of Business  
975 NE 94 STREET  
FORT LAUDERDALE FL 33334

Mailing Address  
7710 N.W. 87TH AVENUE  
TAMARAC FL 33321

2. Principal Place of Business

975 NE 94 ST

3. Mailing Address

7710 NW. 87 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES



City & State  
OAKLAND PARK, FL

City & State  
TAMARAC FL

4. FEI Number  
65-1137870

Applied For  
Not Applicable

Zip  
33334

City  
33321

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DELLAMORT, CELIA  
7710 NW 87TH AVE  
FORT LAUDERDALE FL 33321

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

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  
D  
DELLAMORTE, CELIA  
7710 N.W. 87TH AVENUE  
TAMARAC FL 33321 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90150798

#PO1000083151

TO WHOM IT MAY CONCERN,  
ELL ENTERPRISES INC  
65-1137870

I DID NOT RECIEVE  
CORP PAPERS FOR RENEWAL  
UNTIL 7-03. I LOOKED  
FOR THEM BUT DID NOT  
RECIEVE THEM, THAT IS  
WHY I AM SENDING THESE  
WITH PAYMENT FOR  
\$150<sup>00</sup> DOLLARS. IF YOU  
NEED TO CONTACT ME  
CALL AT (954) 818-2021.

THANK YOU

Celia DellAmorte  
Celia DellAmorte