

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90057 020 \*\*\*150.00

**DOCUMENT # P01000110279**

1. Entity Name

**ZARUR ELIAS CORPORATION**

Principal Place of Business

**8855 COLLINS AVENUE #4-G  
SURFSIDE FL 33154**

Mailing Address

**8855 COLLINS AVENUE #4-G  
SURFSIDE FL 33154**

**80092280**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2588 SW 27TH AVE**

3. Mailing Address

**201 S. BISCAYNE BLVD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**28TH FLOOR**

City & State

**MIAMI, FL.**

City & State

**MIAMI, FL.**

4. FEI Number

**65-1158636**

Applied For

Not Applicable

Zip

**33133**

Country

**USA**

Zip

**33131**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**~~GRUENINGER AND PUJOL, P.A.~~  
~~3191 CORAL WAY #1005~~  
~~MIAMI FL 33145~~**

7. Name and Address of New Registered Agent

Name

**ANTONIO GARCIA**

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

**2588 SW 27TH AVE**

City

**MIAMI**

**FL**

Zip Code

**33133**

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

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	<b>D ZARUR, JORGE 8855 COLLINS AVENUE #4-G SURFSIDE FL 33154</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ELIAS, JORGE EDUARDO 8855 COLLINS AVENUE #4-G SURFSIDE FL 33154</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 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

**J. EDUARDO ELIAS (DIRECTOR) 04-19-02 (305) 9134575**

Date

Daytime Phone #

CR2E034 (9/01)