

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *PO1000112235*

1. Entity Name

*P. R. ELMO, INC*

Principal Place of Business

Mailing Address

*930 NE 8TH STREET  
MIAMI FLORIDA 33138*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*8321 NE 3rd Ave*

*AA*

*MIAMI FLA 33138*

*Trade*

4. FEI Number

Applied For

Not Applicable

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

Name

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

City

*100023972131*  
*10/21/03-01077-007*

**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.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>PLD</i>	<input type="checkbox"/> Delete
NAME	<i>ELUIS Echevarria</i>	
STREET ADDRESS	<i>930 NE 8TH ST</i>	
CITY-ST-ZIP	<i>MIAMI FLORIDA 33138</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<i>PLD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>ELUIS Echevarria</i>	
STREET ADDRESS	<i>8321 NE 3rd Ave APT #</i>	
CITY-ST-ZIP	<i>MIAMI FLORIDA 33138</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Eluis Echevarria*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*10/15/03*

FILED

03 OCT 21 AM 8:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

# **JAMES E. TICE ASSOCIATES**

Accountants  
16220 S.W. 280th Street  
Homestead, Florida 33031

Telephone: (305) 247-3700  
Fax: Call First  
Cellular Phone: 305-322-5715

October 16, 2003

Annual Report Filings  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32399

Gentlemen,

Re: P. R. Elmo, Inc.  
8321 NE 3<sup>rd</sup> Ave Apt#  
Miami, Florida 33138

Please be advised that the above named company did not receive the annual report form  
And consequently did know about the proper date for filing. Please accept this check  
and reinstate the corporate status at this time.

Thank you for this consideration.

Sincerely,

James E. Tice  
Accountant