

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

3/15

03-19-2003 90147 029 ***150.00

DOCUMENT # P02000058003			
1. Entity Name E.L.F. INDUSTRIES INC.			
Principal Place of Business 2231 WILSON ST. REAR HOLLYWOOD FL 33020		Mailing Address 2231 WILSON ST. REAR HOLLYWOOD FL 33020	
2. Principal Place of Business 6118 Garfield St. Suite, Apt. #, etc.		3. Mailing Address PO Box 813723 Suite, Apt. #, etc.	
City & State Hollywood FL		City & State Hollywood FL	
Zip 33024 Country USA		Zip 33081 Country USA	
4. FEI Number ATN 04-37005-78		Applied For ☐ Not-Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORES, EDWIN L 2231 WILSON ST. REAR HOLLYWOOD FL 33020		7. Name and Address of New Registered Agent Name: Edwin L. Flores Street Address (P.O. Box Number is Not Acceptable): 6118 Garfield St. City: Hollywood FL Zip Code: 33024	
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: <i>Edwin L. Flores</i> DATE: 3/14/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! - FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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 P NAME FLORES, EDWIN L STREET ADDRESS 2231 WILSON ST. CITY-ST-ZIP HOLLYWOOD FL 33020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME Edwin L. Flores STREET ADDRESS 6118 Garfield St. CITY-ST-ZIP Hollywood FL, 33024	☐ 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
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 like empowered.			
SIGNATURE: <i>Edwin L. Flores</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 3/14/03 Daytime Phone #: (954) 682-4778	

CR2E034 (10/02)