

2004 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P03000090317**

1. Entity Name **ELI VENTURES INC**
7760 WEST 20 AVE SUITE NO1
HIALEAH FLORIDA 33016



FILED
04 JUL 23 AM 9:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 36-4538155 | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

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7. Name and Address of Current Registered Agent

Name **HECTOR LLEVAT**
 Street Address (P.O. Box Number is Not Acceptable)
7760 WEST 20 AVE SUITE NO1
 City **HIALEAH** FL Zip Code **33016**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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

| | | | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT/TREASURY SAMUEL WEINTRAUB 7431 MIAMI VIEW DRIVE N.BAY VILLAGE FL 33141 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 300039488223 07/23/04--01073--002 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP AND SECRETARY ALMA WEINTRAUB 7431 MIAMI VIEW DRIVE N.BAY VILLAGE FL 33141 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Sam W</i> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sam Weintraub* **SAMUEL WEINTRAUB** 7/15/04 305 557 9398
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**THE
WEINTRAUB
COMPANIES**

07/15/04

Florida Department of State
Secretary of State
Division of Corporation
PO Box 6327
Tallahassee Fl. 32314

Dear Sirs:

Attached please find our Corporation Report of Eli Ventures Inc. with the filing fees
The report was due before May 1, 2004 but we didn't receive the form prior to the due
date.

Please accept our report and the fee without penalty.

Thanks very much for your cooperation in this matter.

Sincerely yours

Eli Ventures Inc.


Hector Elevant
Comptroller

Cc file