

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90025 050 \*\*\*150.00

DOCUMENT # P93000053959

1. Entity Name

ELAMAR REALTY, INC.

Principal Place of Business

Mailing Address

1 SW 59TH CT  
 #2  
 MIAMI FL 33144  
 US

1 SW 59TH CT  
 #2  
 MIAMI FL 33144-3301  
 US

00000001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

51 SW 67 AVE  
 Suite, Apt. #, etc.

51 SW 67 AVE  
 Suite, Apt. #, etc.

City & State  
 MIAMI, FL

City & State  
 MIAMI FL

4. FEI Number 65-0455688

Applied For  
 Not Applicable

Zip  
 33144

Country  
 MIAMI-DADE

Zip  
 33144

Country  
 MIAMI-DADE

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

ERRASTI, LAURA M  
 ONE SW 59TH COURT  
 APT. 1  
 MIAMI FL 33144

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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

| 11. OFFICERS AND DIRECTORS              |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---------------------------------|---|---|
| TITLE                                   | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME: ERRASTI, LAURA M                  |                                 | NAME:   |   |
| STREET ADDRESS: ONE SW 59TH CT., APT. 1 |                                 | STREET ADDRESS:                                       |   |
| CITY-ST-ZIP: MIAMI FL 33144             |                                 | CITY-ST-ZIP:  |   |
| TITLE:                                  | <input type="checkbox"/> Delete | TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME:                                   |                                 | NAME:   |   |
| STREET ADDRESS:                         |                                 | STREET ADDRESS:                                       |   |
| CITY-ST-ZIP:                            |                                 | CITY-ST-ZIP:  |   |
| TITLE:                                  | <input type="checkbox"/> Delete | TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME:                                   |                                 | NAME:   |   |
| STREET ADDRESS:                         |                                 | STREET ADDRESS:                                       |   |
| CITY-ST-ZIP:                            |                                 | CITY-ST-ZIP:  |   |
| TITLE:                                  | <input type="checkbox"/> Delete | TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME:                                   |                                 | NAME:   |   |
| STREET ADDRESS:                         |                                 | STREET ADDRESS:                                       |   |
| CITY-ST-ZIP:                            |                                 | CITY-ST-ZIP:  |   |
| TITLE:                                  | <input type="checkbox"/> Delete | TITLE:  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME:                                   |                                 | NAME:   |   |
| STREET ADDRESS:                         |                                 | STREET ADDRESS:                                       |   |
| CITY-ST-ZIP:                            |                                 | 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)(l), 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: Laura M. Errasti LAURA M. ERRASTI 3/14/00 (305) 264-7949  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)