## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** May 22, 2002 8:00 am Secretary of State P95000050984 DOCUMENT # 1. Entity Name ELADA PROPERTIES, INC. 05-22-2002 90089 038 \*\*\*150.00 Mailing Address Principal Place of Business 19955 NE 38TH COURT 19955 NE 38TH COURT B0110763 2106 C/O GREEN 2106 C/O GREEN AVENTURA FL 33180 AVENTURA FL 33180 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0597292 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ...GREEN, GEORGE Street Address (P.O. Box Number is Not Acceptable) 19955 NE 38TH CT **APT 2106 AVENTURA FL 33180** Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01) ☐ Change ☐ Addition ☐ Delete TITLE TITLE MARTINCAK, DANIEL NAME NAME 19955 NE 38TH COURT **APT 2106** STREET ADDRESS STREET ADDRESS **AVENTURA FL 33180** CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE GREEN. GEORGE NAME NAME 19955 NE 38TH CT APT 2106 STREET ADDRESS STREET ADDRESS **AVENTURA FL 33180** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE GREEN, ELAINE NAME NAME 19955 NE 38TH CT STREET ADDRESS APT 2106 STREET ADDRESS AVENTURA FL 33180 CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 supplier tental 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 tusted impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the production of the corporation of the receiver of the statutes. changed, or on an attachm her like empowered.