3R2E034 (9/01)

2002 Uniform Business Report (UBR)

Mar 31, 2002 8:00 am P95000051005 **DOCUMENT # Secretary of State** 1. Entity Name ELISON GROUP, INC. 03-31-2002 90347 005 ***150.00 Principal Place of Business Mailing Address 10275 COLLINS AVE 10275 COLLINS AVE #709 #709 BAL HARBOUR FL 33154 BAL HARBOUR FL 33154 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0590882 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6- Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **ELIAS ERIC AZAGURY** Street Address (P.O. Box Number is Not Acceptable) 10275 COLLINS AVE #709 **BAL HARBOUR FL 33154** City 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, 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 FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD Addition TITLE ☐ Delete TITLE AZAGURY, ERIC NAME NAME 10275 COLLINS AVE STREET ADDRESS STREET ADDRESS **BAL HARBOUR FL 33154** CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

SIGNATURE:

changed, or on an attachm

NAME OF SIGNING OFFICER OR DIRECTOR