

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90032 044 ***150.00

DOCUMENT # P96000022139

1. Entity Name
J. ELDER GROUP INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**4221 AURORA ST
 CORAL GABLES FL 33146**

**4221 AURORA ST
 CORAL GABLES FL 33146**

2. Principal Place of Business

3. Mailing Address

3228 SW 3rd st

3228 SW 3rd st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number **65-0669366**

Applied For

Not Applicable

Zip

Country

33135 USA

Zip

Country

33135 USA

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

**ELDER, JOHN G
 4221 AURORA STREET
 CORAL GABLES FL 33146**

Name **John G. Elder**
 Street Address (P.O. Box Number is Not Acceptable)
3228 SW 3rd st

City **Miami** **FL** Zip Code **33135**

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)

DATE

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, 2001 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

TITLE **D** ☐ Delete
 NAME **ELDER, JOHN**
 STREET ADDRESS **3228 SOUTHWEST 3RD STREET**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John G. Elder President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01 8054445157
 Date Daytime Phone #

CR2E034 (10/00)