

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2002 8:00 am
Secretary of State

09-15-2002 90093 029 ***150.00

0040385 AV

DOCUMENT # P96000050328

1. Entity Name

ELLINWOOD INVESTMENT CORP.

Principal Place of Business

2801 PONCE DE LEON BLVD.
 SUITE 1170
 CORAL GABLES FL 33134

Mailing Address

2801 PONCE DE LEON BLVD.
 SUITE 1170
 CORAL GABLES FL 33134



2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0678557**

Applied For
 Not Applicable

Zip Country

Zip Country

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

FIGUERAS, VIVIAN T
 2801 PONCE DE LEON BLVD.
 SUITE 1170
 CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	VPD FALERO, RAMON A 156 ALMERIA AVE #205 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FALERO, RAMON J 156 ALMERIA AVE #205 CORAL GABLES FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

9/19/02 3055292223

CR2E034 (4/02)

Attachment

87/972

996000050328

**ELLINWOOD INVESTMENT CORP.
2801 PONCE DE LEON BOULEVARD, SUITE 1170
CORAL GABLES, FLORIDA 33134**

Telephone: (305) 529-2223

September 12, 2002

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

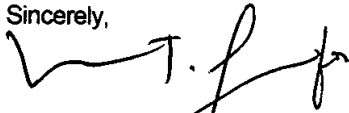
Re: UBR 2002

Gentlemen/Ladies:

Enclosed please find original completed 2002 UBR for this corporation.
We are also enclosing a check for \$150.00 for payment. We did not receive any prior notice, and
as such, we are requesting that the \$400.00 late fee be waived.

Thank you for your attention to this matter.

Sincerely,



RAMON FALERO, Director
Ellinwood Investment Corp.