

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087462

1. Entity Name

ELMAR INDUSTRIALS, INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90017 042 ***150.00

Principal Place of Business

2100 PARK CENTAL BLVD N.
STE 900
POMPANO BCH FL 33064

Mailing Address

2100 PARK CENTAL BLVD N.
STE 900
POMPANO BCH FL 33064-2242

2. Principal Place of Business

2875 NE 191 ST
PH 1

3. Mailing Address

2875 NE 191 ST
PH 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVENTURA

City & State

AVENTURA

Zip

FL

Country

33180

Zip

FL

Country

33180

6. Name and Address of Current Registered Agent

THEODORE J KLEIN, ESQ
88 NE 168TH ST
SUITE 301
NORTH MIAMI BEACH FL 33162

4. FEI Number

65-0709905

Applied
Not Applied

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 Ma
Added to T.

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SREDNI, ISAAC	
STREET ADDRESS	2875 NE 191 ST PH-1	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	STVD	<input type="checkbox"/> Delete
NAME	SREDNI, ERWIN	
STREET ADDRESS	28754 NE 191 ST PH-1	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/945-0405

020300