

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90026 039 \*\*\*150.00

**DOCUMENT # P96000092073**

1. Entity Name  
**ERILYN GROUP, INC.**

Principal Place of Business

5599 E LEITNER DR  
 CORAL SPRGS FL 33067  
 US

Mailing Address

5599 E LEITNER DR  
 CORAL SPRGS FL 33067-2048  
 US

2. Principal Place of Business

2401 W. COMMERCIAL BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State

TAMARAC FL

City & State

Zip

Country

US

4. FEI Number

65-0708764

Applied For

Not Applicable

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

~~HECHT, ALAN R~~  
~~2670 N.E. 215TH STREET~~  
~~MIAMI FL 33180~~

Name

BRUCE NABAT

Street Address (P.O. Box Number is Not Acceptable)

1190 N.E. 125TH ST, #21

City

N. MIAMI

FL

Zip Code

33164

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 BRUCE NABAT - Bruce Nabat - ACCOUNTANT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/00

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 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS PACE, CHARLES  
 CITY-ST-ZIP 5599 E LEITNER DRIVE  
 CORAL SPRINGS FL 33067

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

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS GOLDBERG, MITCHELL  
 CITY-ST-ZIP 353 LEXINGTON AVENUE, 10TH FLOOR  
 NEW YORK FL 10017

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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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: X [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

411100  
 Date

9547771771  
 Daytime Phone #

CR2E034 (9/99)