## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P96000101961 Mar 04, 2000 8:00 am 1. Entity Name Secretary of State **ELGUN PROPERTIES, INC.** 03-04-2000 90004 028 \*\*\*150.00 Principal Place of Business Mailing Address 4040 GALT OCEAN DRIVE STE 422 4040 GALT OCEAN DRIVE STE 422 FT LAUDERDALE FL 33308-6502 I LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0713995 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 GUNBY, ROBERTA Street Address (P.O. Box Number is Not Acceptable) 4040 GALT OCEAN DRIVE STE 422 FT LAUDERDALE FL 33308 Zip Code City 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) 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, 2000 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. TITLE ■ Addition TITLE ☐ Delete NAME **GUNBY. ROBERTA** NAME STREET ADDRESS STREET ADDRESS 4040 GALT OCEAN DRIVE STE 422 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33308 Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND PEPED OR PRINTED WAS OF SIGNING OFFICER OR DIRECTOR

☐ Delete

JAN 10, 2000

☐ Change

Addition

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