2002UNIFORM BUSINESS REPORT (UBR)

Mar 19, 2002 8:00 am DOCUMENT # Secretary of State P96000101961 1. Entity Name 03-19-2002 90017 023 ***150.00 **ELGUN PROPERTIES, INC.** Mailing Address Principal Place of Business 4040 GALT OCEAN DRIVE, STE 422 FT. LAUDERDALE, FL 33308 425634 2. Principal Place of Business 3. Mailing Address 4040 GALT OCEAN DRIVE 4040 GALT OCEAN DRIVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 422 422 City & State City & State 4. FEI Number Applied For FT. LAUDERDALE, FL FT. LAUDERDALE, FL 65-0713995 Not Applicable \$8.75 Country Country Zin Zip Additional 5. Certificate of Status Desired 33308 33308 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **ROBERTA GUNBY** 4040 GALT OCEAN DRIVE, STE 422 FT. LAUDERDALE, FL 33308 --- -Street Address (P.O. Box Number is Not Acceptable) 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) Date FILE NOW!! FEE IS \$150.00. \$5.00 9. This corporation is eligible to satisfy its Intan-10. Election Campaign Financing Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. May Be Added to Fees gible Tax filing requirement and elects to do so. Make Check Payable to Department of State. (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DIRECTOR TITLE TITLE **ROBERTA GUNBY** NAME NAME 4040 GALT OCEAN DRIVE, STE 422 STREET ADDRESS STREET ADDRESS FT. LAUDERDALE, FL 33308 CITY - ST - ZIP CITY-ST-ZIP Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIF Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY - ST - ZIP Change Delete Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRES CITY - ST - ZIP CITY - ST - ZIP Delete Change Addition TILE TITLE NAME STREET ADDRESS STREET ADDRES CITY - ST - ZIF CITY - ST - ZIF Delete Change Addition пп ғ TILE NAME NAME STREET ADDRESS 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone

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