

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000017934

1. Entity Name

ELY'S RESIDENCE, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90038 050 ***150.00

Principal Place of Business

250 SW 82ND AVE.
MIAMI FL 33144

Mailing Address

250 SW 82ND AVE.
MIAMI FL 33144-2016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0734187

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

CLAUERO, RUBEN
250 SW 82ND AVE.
MIAMI FL 33144

Name

~~RICARDO DE ARMAS~~

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

250 SW 82ND AVE

City

MIAMI

FL

Zip Code

33144

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

~~RICARDO DE ARMAS~~
Ricardo de Armas, President

4/15/00

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 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 | D CLAUERO, RUBEN 250 SW 82ND AVE. MIAMI FL 33144 | <input checked="" type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RICARDO DE ARMAS 250 SW 82ND AVE MIAMI FL 33144 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

JAN 21 2000

Date

305-226-6489

Daytime Phone #

CR2E034 (9/99)