

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90049 044 ***150.00

DOCUMENT # P97000050394

1. Entity Name

E.L.O., INC.

Principal Place of Business

**1040 N.W. 107TH AVE
 PLANTATION FL 33322**

Mailing Address

**1040 N.W. 107TH AVE
 PLANTATION FL 33322**

2. Principal Place of Business

250 JACARANDA DR

Suite, Apt. #, etc.

405

City & State

PLANTATION, FL

Zip

33324

Country

3. Mailing Address

250 JACARANDA DR

Suite, Apt. #, etc.

405

City & State

PLANTATION, FL

Zip

33324

Country

4. FEI Number

65-0760623

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OSHRI, ELY

**1040 N.W. 107TH AVE
 PLANTATION FL 33322**

7. Name and Address of New Registered Agent

Name

OSHRI ELY

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

250 JACARANDA DR

405

City

PLANTATION

FL

Zip Code

33324

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] **OSHRI**

(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, 2002 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

TITLE **PD** ☐ Delete
 NAME **OSHRI, ELY**
 STREET ADDRESS **1040 N.W. 107TH AVE**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE **SD** ☐ Delete
 NAME **OSHRI, ELIZABETH**
 STREET ADDRESS **1040 N.W. 107TH AVE**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☐ Addition
 NAME **OSHRI ELY**
 STREET ADDRESS **250 JACARANDA DR #405**
 CITY-ST-ZIP **PLANTATION, FL 33324**

TITLE **SD** ☒ Change ☐ Addition
 NAME **OSHRI, ELIZABETH**
 STREET ADDRESS **250 JACARANDA DR #405**
 CITY-ST-ZIP **PLANTATION, FL 33324**

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)