**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 23, 2002 8:00 am Secretary of State P97000072104 DOCUMENT # 1. Entity Name **ELAL CORPORATION** 01-23-2002 90042 024 \*\*\*150.00 Principal Place of Business Mailing Address 33 S.W. 20TH AVENUE 33 S.W. 20TH AVENUE **MIAMI FL 33135** MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0826801 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **ELIAS. ALBERTO** Street Address (P.O. Box Number is Not Acceptable) 33 S.W. 20TH AVENUE **MIAMI FL 33135** Zip Code 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. SIGNATÜRE 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE D TITI F ☐ Change ☐ Delete ELIAS, ELIAS G NAME NAME STREET ADDRESS 33 S.W. 20TH AVENUE STREET ADDRESS **MIAMI FL 33135** CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete [] Change TITLE TITLE ELIAS, ALFREDO L NAME STREET ADDRESS 33 S.W. 20TH AVENUE STREET ADDRESS MIAMI FL 33135 CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition Delete . TITLE TITLE ELIAS, ALBERTO NAME 33 S.W. 20TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33135** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE

changed, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-02

Daytime Phone #