

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90279 044 \*\*\*550.00

**DOCUMENT # P97000073163**

1. Entity Name  
**ELP EQUIPMENT CORP.**

Principal Place of Business  
**3890 PARK CENTRAL BLVD N  
SUITE 300  
POMPANO BCH FL 33064  
US**

Mailing Address  
**865 MERRICK AVE  
WESTBURY NY 11590  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3965795**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD.  
SUITE 508  
MIAMI FL 33156-0000**

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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 **C** ☐ Delete  
NAME **MICHAEL ASHKIN**  
STREET ADDRESS **3890 PARK CENTRAL BLVD N**  
CITY-ST-ZIP **POMPANO FL 33064**

TITLE **Director** ☐ Change ☒ Addition  
NAME **Michael Ashkin**  
STREET ADDRESS **3890 Park Central Blvd N**  
CITY-ST-ZIP **Pompano Beach, FL 33064**

TITLE **CEO** ☐ Delete  
NAME **CARL ASHKIN**  
STREET ADDRESS **865 MERRICK AVE**  
CITY-ST-ZIP **WESTBURY NY 11590**

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

TITLE **P** ☐ Delete  
NAME **MICHAEL CAPUTO**  
STREET ADDRESS **865 MERRICK AVE**  
CITY-ST-ZIP **WESTBURY NY 11590**

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

TITLE **T** ☐ Delete  
NAME **SHEILA ASHKIN**  
STREET ADDRESS **3890 PARK CENTRAL BLVD N**  
CITY-ST-ZIP **POMPANO BCH FL 33064**

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

TITLE **S** ☐ Delete  
NAME **LAURA KAHN**  
STREET ADDRESS **865 MERRICK AVE**  
CITY-ST-ZIP **WESTBURY NY 11590**

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

TITLE **AS** ☐ Delete  
NAME **SORACI, JUSTINA**  
STREET ADDRESS **865 MERRICK AVE**  
CITY-ST-ZIP **WESTBURY NY 11590**

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 (4/02)