

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90167 032 ***150.00

DOCUMENT # P97000088151

1. Entity Name

E.L.D. Management Corp.

DO NOT WRITE IN THIS SPACE

656519

2. Principal Place of Business

3250 S. Ocean Blvd

Suite, Apt. #, etc.

Unit 302S

City & State

Palm Beach, FL

Zip

33480

Country

3. Mailing Address

3250 S. Ocean Blvd

Suite, Apt. #, etc.

Unit 302S

City & State

Palm Beach, FL

Zip

33480

Country

4. FEI Number

65-0797087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

David A. Gart

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

250 Australian Avenue South

Suite 500

City

W Palm Beach

FL

Zip Code

33401

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 fee 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Eugene Wachtenheim
3250 S. Ocean Blvd
Palm Beach, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Polly Wachtenheim
3250 S. Ocean Blvd
Palm Beach, FL 33480

TITLE
NAME
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CITY-ST-ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

561-585-3070

Daytime Phone #

CR2E034B (12/01)