

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

**FILED**  
**Jan 28, 2002 8:00 am**  
**Secretary of State**

01-28-2002 90038 007 \*\*\*163.75

DOCUMENT # P97000097572 ✓

1. Entity Name

ELIDIA MANAGEMENT INC.

**DO NOT WRITE IN THIS SPACE**

810304

2. Principal Place of Business

1725 COLQUITT ST

Suite, Apt. #, etc.

HOUSTON

City & State

TEXAS

Zip  
77098

Country  
USA

3. Mailing Address

1302 WAUGH DRIVE

Suite, Apt. #, etc.

443

City & State

HOUSTON

Zip  
77019

Country  
USA

4. FEI Number

65-0793875

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

AMERILAWYER

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

343 ALMERIA AVENUE

City

CORAL GABLES

FL

Zip Code

33134

**DO NOT WRITE  
IN THIS SPACE**

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 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)



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

PSTD  
ELISABETH BOUCHARD  
1725 COLQUITT STREET  
HOUSTON, TX 77098

TITLE  
NAME  
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CITY - ST - ZIP

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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 on an attachment with an address and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/02

Date

713 922-3022

Daytime Phone #

CR2E034B (12/01)