

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067742

1. Entity Name

THE ERLS STAIRWAY CORPORATION

FILED

Apr 10, 2000 8:00 am  
Secretary of State

04-10-2000 90046 049 \*\*\*150.00

Principal Place of Business

2755 NE 28TH AVE. UNIT B-2  
LIGHTHOUSE POINT FL 33064

Mailing Address

2755 NE 28TH AVE. UNIT B-2  
LIGHTHOUSE POINT FL 33064-6280

2. Principal Place of Business

2755 NE 28<sup>th</sup> AVE

Suite, Apt. #, etc.

# F-6

3. Mailing Address

2755 NE 28<sup>th</sup> AVE

Suite, Apt. #, etc.

# F-6

City & State

Lighthouse Point, FL.

Zip

33064

Country

USA

City & State

Lighthouse Point, FL.

Zip

33064

Country

USA

4. FEI Number

65-0868362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RICCI, CHANANAD  
2755 NE 28TH AVE, UNIT B-2  
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name

Chanamad Ricci

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

2755 NE 28<sup>th</sup> AVE, F-6

City

Lighthouse Point

FL

Zip Code

33064

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

Chanamad Ricci President Chanamad Ricci

4-3-00

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 \$150.00**  
**After MAY 1, 2000 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	D	<input type="checkbox"/> Delete
NAME	RICCI, CHANANAD	
STREET ADDRESS	2755 NE 28TH AVE, UNIT B-2	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK RICCI	
STREET ADDRESS	2755 NE 28 <sup>th</sup> AVE F6	
CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Chanamad Ricci Chanamad Ricci

4-3-00 954-783-7065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)