

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **P98000073042**

1. Entity Name
ELLIE INTERNATIONAL CORP.

FILED

01 JUN 12 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**3867 SAN SIMEON CIR
WESTON FL 33331**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Zip Country
City & State Zip Country

4. FEI Number **65-0858212** Applied For Not Applicable

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

**Nicolas FIGUEROA
3867 SAN SIMEON CIR
WESTON FL 33331**

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

SIGNATURE *[Signature]* Date *[Date]*

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See entries on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME ☐ Delete
**Ad Nicolas FIGUEROA
3867 SAN SIMEON CIR
WESTON FL 33331**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Change ☐ Addition
**700004430097--1
-06/19/01--01075--019
****300.00 ****300.00**

TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP
**201.25 - AR
10.00 - ARTISTS
88.75 - ARE SUPP**

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

TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP
00-01 78

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 incorporator 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]* Date and Typed or Printed Name of Signing Officer or Director

CP2503 (11/00)

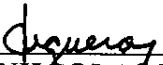
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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 300.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **ELLIE INTERNATIONAL, CORP.**

Thank you for your courtesy in this matter.



NICOLAS FIGUEROA
PRESIDENT