

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90287 046 ***150.00

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DOCUMENT # P99000011871

1. Entity Name
ELIASONS SELECT CORP.



Principal Place of Business
**14775 S.W. 36 TERR.
MIAMI FL 33185**

Mailing Address
**14775 S.W. 36 TERR.
MIAMI FL 33185**

2. Principal Place of Business

2918 Ponce de Leon
Suite, Apt. #, etc.

3. Mailing Address

2918 Ponce de Leon
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0899443

Applied For

Not Applicable

Zip

33134

Country

Miami

Zip

33134

Country

Miami

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ELIAS, BIENVENIDO J
14775 S.W. 36 TERR.
MIAMI FL 33185**

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ELIAS, BIENVENIDO J**
STREET ADDRESS **14775 S.W. 36 TERR.**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE **D** ☐ Delete
NAME **ELIAS, BERTA C**
STREET ADDRESS **14775 S.W. 36 TERR.**
CITY-ST-ZIP **MIAMI FL 33185**

TITLE **S** ☐ Delete
NAME **CRISTIAN D. ELIAS**
STREET ADDRESS **14775 SW 36 TERR.**
CITY-ST-ZIP **Miami, FL - 33185**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/03 (305) 2232314
Date Daytime Phone #

CR2E034 (10/02)