2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 OCT -2 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000031113

1. Entity Name
ELIZABETH FAMILY, INC.

Principal Place of Business: ~~7200 MINDELLO STREET CORAL GABLES FL 33143~~ change

Mailing Address: ~~7200 MINDELLO STREET CORAL GABLES FL 33143~~ change

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 1 Grove Isle Dr #1104	Suite, Apt. #, etc.: 1 Grove Isle Dr #1104
City & State: Coconut Grove, FL	City & State: Coconut Grove, FL
Zip: 33133 Country: US	Zip: FL 33133 Country: US

4. FEI Number 65-0918097 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AMERICAN INFORMATION SERVICES INC
ONE SE 3 AVE 28TH FLOOR
MIAMI FL 33131

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.

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) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, MELISSA	NAME	
STREET ADDRESS	~~7200 MINDELLO STREET~~ 1 GROVE ISLE DR #1104	STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33143~~ COCONUT GROVE FL 33133	CITY-ST-ZIP	700004645067 -- 10/19/01 ****550.00 ****550.00
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (5/01)

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: [signature] Melissa Campbell 9/7/01 3055798888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #