

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041727

1. Entity Name

E.L. RESEARCH ASSOCIATES, INC.

FILED

May 12, 2000 8:00 am  
Secretary of State

05-12-2000 90076 040 \*\*\*150.00

Principal Place of Business

Mailing Address

5255 NW 87TH AVENUE  
#301  
MIAMI FL 33178

5255 NW 87TH AVENUE  
#301  
MIAMI FL 33178-2100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
#202

Suite, Apt. #, etc.  
#202

City & State

City & State

Coral Gables  
FL 33134 US

Coral Gables  
FL 33134 US

4. FEI Number

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

ZALKA, STEPHEN M  
5255 NW 87TH AVENUE  
#301  
MIAMI FL 33178

Name

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

5651 NW 29th Street Suite A

City

Margate

FL

Zip Code

33063

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME LEVIN, ESTER DR.  
STREET ADDRESS 5255 NW 87TH AVENUE  
CITY-ST-ZIP MIAMI FL 33178

TITLE  
NAME  
STREET ADDRESS 5255 NW 87TH AVENUE  
CITY-ST-ZIP MIAMI FL 33178

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)