

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000050375

1. Entity Name  
**ELDE INVESTMENTS, INC.**

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90024 005 \*\*\*158.75

Principal Place of Business  
**780 NW LE JEUNE ROAD SUITE 516**  
**MIAMI FL 33126**

Mailing Address  
**780 NW LE JEUNE ROAD SUITE 516**  
**MIAMI FL 33126**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**13899 BISCAYNE BLVD.**  
Suite, Apt. #, etc.  
**SUITE 228**

City & State  
**N. MIAMI BEACH, FL.**


Zip  
**33126-1647**

6. Name and Address of Current Registered Agent  
**HYMAN, BETTY ESQ**  
**155 S MIAMI AVE**  
**STE PH-1**  
**MIAMI FL 33130**

4. FEI Number **65-0931196**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
Name **Aurelio A. Pedra**  
Street Address (P.O. Box Number is Not Acceptable)  
**780 N.W. Le Jeune Rd**  
**# 516**  
City **Miami** FL Zip Code **33126**

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  **Aurelio A. Pedra** 1/4/01  
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, 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				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>D</b>	<input type="checkbox"/> Delete		TITLE	<b>MEZRAHI ELIAS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MIZRAHI, ELIAS</b>			NAME	<b>1000 ISLAND BLVD, APT 1402</b>		
STREET ADDRESS	<b>12260 SW 8TH STREET SUITE 224</b>			STREET ADDRESS	<b>AVENTURA FL 33160</b>		
CITY-ST-ZIP	<b>MIAMI FL 33184</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 I am empowered.

SIGNATURE:  **Aurelio A. Pedra**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **1-22-01** (305) 443-712x  
Daytime Phone #

CR2E034 (10/00)