

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90177 030 ***150.00

DOCUMENT # P99000054227

1. Entity Name

ELM INTERNATIONAL CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5670 NW 116 AVE

3. Mailing Address

5670 NW 116 AVE

Suite, Apt. #, etc.

APT-112

Suite, Apt. #, etc.

APT-112

City & State

MIAMI-FL

City & State

MIAMI-FL

Zip

33178

Country

MIAMI-DADE

Zip

33178

Country

MIAMI-DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0927267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ELVA MIHAN

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

5670 NW 116 AVE APT-112

City

MIAMI

FL

Zip Code

33178

**DO NOT WRITE
IN THIS SPACE**

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

5/22-03

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so:
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

STREET ADDRESS

CITY-STATE-ZIP

P-T-5

ELVA MIHAN

5670 NW 116 AVE

MIAMI FL 33178

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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 #

5/22/03