2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000072856**

1. Entity Name

S.M. ELIAS, INC.

DOCO040 7

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
111 CRANES ROOST WAY ROYAL PALM BEACH FL 33411	111 CRANES ROOST WAY ROYAL PALM BEACH FL 33411-8632

2. Principal Place of Business
122 Prestige Dr
Suite, Apt. #, etc.

3. Mailing Address
122 Prestige Dr
Suite, Apt. #, etc.

City & State: Royl Palm Bch, FL.
Zip: 33411
Country: U.SA

City & State: Royl Palm Bch, FL
Zip: 33411
Country: U.SA

4. FEI Number 59-3594642

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
ELIAS, STEVE M 111 CRANES ROOST WAY ROYAL PALM BEACH FL 33411	Name Street Address (P.O. Box Number is Not Acceptable) 122 Prestige Dr City: Royl Palm Bc FL Zip Code: 33411

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 ELIAS, STEVE M STREET ADDRESS 111 CRANES ROOST WAY CITY-ST-ZIP ROYAL PALM BEACH FL 33411	☐ Delete	TITLE NAME STREET ADDRESS 122 Prestige Dr CITY-ST-ZIP Royl Palm Bch FL 33411	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/28/00   Daytime Phone #: 541-333-3917