FILED
04 AUG 30 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072856

1. Entity Name
S.M. Elias, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8303 Cozumel Lane	8303 Cozumel Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Wellington, FL	City & State: ~~Sunrise, FL~~
Zip: 33414 Country: US	Zip: 33414 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 593594642 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Steve M. Elias
Street Address (P.O. Box Number is Not Acceptable): 8303 Cozumel lane
City: Wellington FL Zip Code: 33414

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. I am familiar with, and accept the obligations of registered agent.

400039839924
08/03/04--01052--001 **600.00

SIGNATURE ______ 07/29/2004
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Steve M. Elias
STREET ADDRESS	8303 Cozumel Lane
CITY-ST-ZIP	Wellington, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STATEMENT 01-04

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ______ Steve M. Elias 07/29/2004 561-432-7514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

S.M. Elias, Inc.
8303 Cozumel Lane
Wellington, FL 33414

July 29, 2004
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

Dear Sir or Madam:

Please be advised that the mailing address for my corporation has changed and I never received my previous years UBR forms.

As per the instructions that I received when calling your office in reference to this matter, I have enclosed a UBR that I have filled out with my new address along with a check to cover the filing fees for my corporation for 2001, 2002, 2003 and 2004.

Please accept the enclosed report and payments in full satisfaction of my 2001, 2002, 2003 and 2004 filing requirements.

Thank you,

Steve M. Elias