

2000 UNIFORM BUSINESS REPORT (UBR)

0248422

DOCUMENT # P99000079596

1. Entity Name
ELUBIA CORP.

FILED
00 AUG 14 AM 9:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
9961 S.W. 30 STREET
MIAMI FL 33165

Mailing Address
9961 S.W. 30 STREET
MIAMI FL 33165-2906

2. Principal Place of Business
same as above

3. Mailing Address
same as above

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALVAREZ, ELIZABETH
9961 S.W. 30 STREET
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name
same as current

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

City
FL

Zip Code

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 _____ (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: ☐ **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 | |
|------------------------------------------------|----------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALVAREZ, ELIZABETH 9961 S.W. 30 STREET MIAMI FL 33165 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: (303) 609-3680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

202

June 9, 2000

To Whom It May Concern,

This is just a note to explain and be excuse for not mailing this on time.
I have been out of town and just recently returned due to family illness.
I called and was told that I needed to explain myself and send a check
for \$150.00 . I have not used my Corporation till now which, if everything
goes well, ELUBIA will begin in the next month. I hope you can understand.
I apologize for any inconviences. Thank you.

Elizabeth Alvarez