

2000 UNIFORM BUSINESS REPORT (UBR)

0248422

10/2

DOCUMENT # P99000079596
 1. Entity Name
ELUBIA CORP.

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

Principal Place of Business Mailing Address
 9961 S.W. 30 STREET 9961 S.W. 30 STREET
 MIAMI FL 33165 MIAMI FL 33165-2906



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
same as above *same as above*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, FL *Miami, FL*
 Zip Country Zip Country

4. FEI Number Applied For
applied for Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	D <input type="checkbox"/> Delete
NAME	ALVAREZ, ELIZABETH
STREET ADDRESS	9961 S.W. 30 STREET
CITY-ST-ZIP	MIAMI FL 33165
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300003367953--8
 -08/23/00--01006--007
 ****150.00 ****150.00

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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **(305) 609-3680** **KE**
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