2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087710

1. Entity Name

ELBAZ TENNESSEE PROPERTY, INC.

Principal Place of Business
~~1754 BAY RD.~~
~~MIAMI BEACH FL 33139~~

Mailing Address
~~1754 BAY RD.~~
~~MIAMI BEACH FL 33139~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1853 West Avenue
Suite, Apt. #, etc.

3. Mailing Address
1853 West Avenue
Suite, Apt. #, etc.

City & State *Miami Beach, FL*
Zip *33139* Country *U.S.A.*

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Zip *33139* Country *U.S.A.*

4. FEI Number **22-3701659**

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ELBAZ, JOSEPH
~~1754 BAY RD~~
MIAMI FL 33139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1853 West Avenue

City *Miami Beach* FL Zip Code *33139*

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 *2/27/01*

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, 2001 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	D	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	ELBAZ, ALBERT		NAME	*1853 West Avenue*	
STREET ADDRESS	1754 BAY RD.		STREET ADDRESS	*Miami Beach, FL 33139*	
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	ELBAZ, JOSEPH		NAME	*1853 West Avenue*	
STREET ADDRESS	1754 BAY RD.		STREET ADDRESS	*Miami Beach, FL 33139*	
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☑ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/00)

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: _____ *Joseph Elbaz* 2-27-01 305-531-7017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #