

2000 UNIFORM BUSINESS REPORT (UBR)

4/22/00-90152-034-\$150.00-\$150.00

DOCUMENT # P99000098082

1. Entity Name

ELYEL, CORP.

FILED

00 JUN -9 PM 12:46

Principal Place of Business

6963 N.W. 82ND AVE.
MIAMI FL 33166

Mailing Address

6963 N.W. 82ND AVE.
MIAMI FL 33166-2774

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

4419 NORTH BAY RD

3. Mailing Address

4419 NORTH BAY RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL.

City & State

MIAMI BEACH, FL.

4. FEI Number

X 65-0961026

Applied For

Not Applicable

Zip

33140

Country

Zip

33140

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SABBAGH, ELIAS R
6963 N.W. 82ND AVE.
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name

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

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. ☐

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	PD	<input type="checkbox"/> Delete
NAME	SABBAGH, ELIAS R	
STREET ADDRESS	6963 N.W. 82ND AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MACHTA, ELIAS A	
STREET ADDRESS	6963 N.W. 82ND AVE.	
CITY-ST-ZIP	MIAMI FL 33166	
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	

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:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #