## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

Mailing Address 210-71 STREET

MIAMI BEACH FL 33141

#309

## S67870 **DOCUMENT #**

Principal Place of Business

6950 COLLINS AVE MIAMI BCH FL 33140

1. Entity Name ELYSEE INVESTMENT OF SURFSIDE, INC.



## FILED Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90173 028 \*\*\*150.00

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|  |   | US                   |                        |  |   |  |   |   |                           |  |
|--|---|----------------------|------------------------|--|---|--|---|---|---------------------------|--|
| 2. Principal Place of Business 3. Mailing Address  |   |                      |                        | ,  |   |  | <b>Tillel Bluse B</b> li                              | <b>u</b> ii <b>ui</b> iii i <b>uu</b> i |                           |  |
| Suite, Apt. #, etc. Sui  |   | Suite                | uite, Apt. #, etc.     |  |   |  | ☐ CHECK HERE IF MAKING CHANGES                        |   |                           |  |
| City & State City & State  |   |                      | & State                | ate  |   |  | FEI Number 11-3123934                                 |   | plied For<br>t Applicable |  |
| Zip  | Country   | Zip                  |                        | Country  |   | 5. Certificate of Status Desired See Required Fee Required |   |   |                           |  |
| 6. Name and Address of Current Registered Agent  |   |                      |                        |  | 7. Name and Address of New Registered Agent |  |   |   |                           |  |
|  |   |                      |                        |  | Name  |  |   |   |                           |  |
| YEHEZKEL, HAIM   |   |                      |                        |  | O D D D D D D D D D D D D D D D D D D D     |  |   |   |                           |  |
| 317-71 STREET **   |   |                      |                        | Street Address (P.O. Box Number is Not Acceptable) |   |  |   |   |                           |  |
| MIAMI BEACH FL 33141   |   |                      |                        |  |   |  |   |   |                           |  |
|  |   |                      |                        |  | City FL Zip Code                            |  |   |   |                           |  |
|  | med entity submits this statement<br>s of registered agent. | for the purp         | ose of changing its re | gistered   | office or regis                             | stered ag  | ent, or both, in the State of Florida. I am far       | niliar with, a                          | and accept                |  |
| SIGNATURE  | nature, typed or printed name of registered age             | ent and title if app | olicable. (NOTE: F     | legistered A                                       | gent signature requ                         | ired when re   | einstating) DATE                                      |   | <del></del> ¦             |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State |   |                      |                        |  |   | 9. Election Campaign Financing Trust Fund Contribution.    |   | <b>0</b> May Be<br>to Fees              |                           |  |
| 10.  | OFFICERS AN   | ID DIRECTO           | PRS                    | 11.  |   | AD   | DDITIONS/CHANGES TO OFFICERS AND D                    | IRECTORS                                | S IN 11                   |  |
| STREET ADDRESS 21  |   |                      | ☐ Delete               | TITLE NAME STREET ADDRESS CITY-ST-ZIP              |   |  | (   | Change                                  | ☐ Addition                |  |
| STREET ADDRESS 21  | USSAFFI, ROY<br>10-71 STREET #309<br>IAMI FL 33141          |                      | ☐ Delete               | TITLE<br>NAME<br>STREET /<br>CITY-ST               | - 1   |  | [   | Change                                  | Addition                  |  |
| STREET ADDRESS 21  | HLOMO, O Z<br>10-71 STREET #309<br>IAMI BEACH FL 33141      |                      | □ Delete               | TITLE<br>NAME<br>STREET /<br>CITY-ST               | ADDRESS                                     | Mar.   | . <u> </u>  | Change                                  | ☐ Addition                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                      | ☐ Delete               | TITLE NAME STREET / CITY-ST                        | 1   | ,  |   | Change                                  | ☐ Addition                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ·   |                      | ☐ Delete               | TITLE<br>NAME<br>STREET /<br>CITY-ST               | - 1   |  | [   | Change                                  | ☐ Addition                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ify that the information supplied y                         | vith this filing     | Delete                 | TITLE NAME STREET / CITY-ST                        | -ZIP  | Section  | [<br>119.07(3)(i), Florida Statutes. I further certif | Change  that the in                     | ☐ Addition                |  |
|  |   |                      |                        |  |   |  |   |   |                           |  |

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 eath; 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 Block 11 if changed, or on an attachment with an address, with all other like another than the same legal effect as if made under eath; 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 Block 11 if changed, or on an attachment with an address, with all other like another than the same legal effect as if made under eath; 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 Block 11 if changed, or on an attachment with an address, with all other like another than the receiver of trustee empowered to execute that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address.

**SIGNATURE:**