

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V12011

1. Entity Name

ELAN U.S.A., INC.

Principal Place of Business

4100 N 28TH TERR  
HOLLYWOOD FL 33020  
US

Mailing Address

4100 N 28TH TERR  
HOLLYWOOD FL 33020-1116  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0313045

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELIYAUH, LEVY

4100 NW 28TH TERR

HOLLYWOOD FL 33020

Name

ELIYAUH LEVY

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

4100 North 28th Terrace

City

Hollywood

FL

Zip Code

33020

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.  
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **SAVIR, ELAN**  
STREET ADDRESS **4100 N 28TH TERR**  
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **VP** ☐ Delete  
NAME **LEVY, ELIYAHU**  
STREET ADDRESS **13245 KEYSTONE ISL DRIVE**  
CITY-ST-ZIP **N MIAMI FL 33181**

TITLE **VP** ☐ Delete  
NAME **WALINASKY, DORON**  
STREET ADDRESS **3159 NORTH 34 ST**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Doron Malinashy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4/13/2000 954-926-6666*

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90093 033 \*\*\*150.00



DO NOT WRITE IN THIS SPACE