

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L81898**

1. Entity Name

ERLK CO.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90044 010 ***150.00

Principal Place of Business

Mailing Address

10102 SW 23 ST.
 MIAMI FL 33165

10102 SW 23 ST.
 MIAMI FL 33165-7408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

EHRlich, HARRY
 10102 SW 23 ST.
 MIAMI FL 33165

Name

EHRlich, ELENA

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

10102 SW 23 ST

City

MIAMI

FL

Zip Code

33165

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

[Handwritten Signature]

Feb 24 - 2000

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

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: DP NAME: EHRlich, HARRY STREET ADDRESS: 10102 SW 23 ST. CITY-ST-ZIP: MIAMI FL 33165 <input checked="" type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: EHRlich, ELENA STREET ADDRESS: 10102 SW 23 ST CITY-ST-ZIP: MIAMI FL 33165
TITLE: DVP NAME: EHRlich, ELENA STREET ADDRESS: 10102 SW 23 ST. CITY-ST-ZIP: MIAMI FL 33165 <input checked="" type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: EHRlich, PATRICIA STREET ADDRESS: 10102 SW 23 ST. CITY-ST-ZIP: MIAMI FL 33165
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TITLE: S NAME: EHRlich, JAMES E STREET ADDRESS: 10102 SW 23 ST. CITY-ST-ZIP: MIAMI FL 33165 <input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Handwritten Signature]*

REQUIRED

Feb 24 - 2000

305-5528775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)