

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N50310

FILED  
Sep 08, 2003  
Secretary of State

Entity Name: ELITE LADIES ASSOCIATION INC.

**Current Principal Place of Business:**

470 N.E. 180 DRIVE  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

470 N.E. 180 DRIVE  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 65-0360011      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OLAIGBE, OLA  
18441 NW 2ND AVE  
#220  
MIAMI, FL 33168 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ADELEKE, FOLA  
Address: 470 NE 180 DR.  
City-St-Zip: N MIAMI, FL 33162

Title: S ( ) Delete  
Name: OLADUNNI, FOLASHADE  
Address: 7900 NW 27 AVE  
City-St-Zip: MIAMI, FL 33147

Title: T ( ) Delete  
Name: ALLE, MARGARET  
Address: 1940 NW 119TH ST #822  
City-St-Zip: MIAMI, FL 33167

Title: D ( ) Delete  
Name: BREWSTER, ANNABEL  
Address: 9747 SW 134 TR  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: KOLAPO, LARRY  
Address: 1031 NW 202 ST  
City-St-Zip: MIAMI, FL

Title: D ( ) Delete  
Name: ADGNUGA, LAWRENCE  
Address: 34 NW 95 ST  
City-St-Zip: MIAMI, FL 33150

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADELEKE FOLA

P

09/08/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date