2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000037845 **DOCUMENT #**

1. Entity Name

ELITE CONSULTING SPECIALISTS INC.



FILED Feb 26, 2003 8:00 am Secretary of State

02-26-2003 90125 041 ***150.00

Principal Place of Business 4041 COLLINS AVENUE MIAMI BEACH FL 33140		Mailing Address 4041 COLLINS AVENUE MIAMI BEACH FL 33140							
·									
2. Principal F	Place of Business	3. Mailing Address 2990 FCANINGS DRIVE				1 18844884 118 14414 81644 88 441 88411	90111 00193 (I)(I) I 30 (JI IBIII bibbi biii 106)	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat		City & State MIAMI BOACH, FC			4.	. FEI Number 65-0490968		Applied For Not Applicable	
Zip	Country	2p 33,40	<u>33140</u> bs			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			
LEFKOWT	TZ, MICHAEL	Name							
	LINS AVENUE	Street Address (ess (P.O.	P.O. Box Number is Not Acceptable)			
MIAMI-BE	ACH FL 33140			-	•				
			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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
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 Finan Trust Fund Contribution.	ecing _	\$5.00 May Be Added to Fees	
10.	OFFICERS AND		11.		Α	DDITIONS/CHANGES TO OFFICE	ERS AND DIREC	TORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	LEFKOWITZ, MICHAEL 2990 FLAMINGO DR MIAMI BEACH FL 33140		STREE	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	T ADDRESS			☐ Cha	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the same of th	□ Delete	TITLE NAME STREET	F ADDRESS ST-ZIP			☐ Cha	inge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS			☐ Cha	inge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Cha	nge Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ·	CITY-S	1			☐ Chai		
of the corp	ertify that the information supplied with on this report or supplemental report is oration or the receiver or trustee empo or on an attachment with an address, w	wered to execute this report	ny signatui	ption stated in re shall have the d by Chapter (Section he same 607, Flori	119.07(3)(i), Fiorida Statutes. I fur legal effect as if made under oath ida Statutes; and that my name ap	ther certify that to that I am an off opears in Block to	he information icer or director i0 or Block 11 if	

SIGNATURE:

THE RUNDALINA