2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBF

624147 DOCUMENT #



Secretary of State 01-13-2003 90826 010 ***150.00 1. Entity Name ELITE INTERNATIONAL CORP. Principal Place of Business Mailing Address 44030001 3711 NW 71 ST 3711 NW 71 ST MIAMI FL 33147 MIAMI FL 33147 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 59-1912923 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUPPERT, JOSEPH H. Street Address (P.O. Box Number is Not Acceptable) 17611 SW 48 STREET SOUTHWEST RANCHES FL 33331 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition Change ☐ Delete TITLE TULE BAIKOVITZ, ABRAHAM NAME NAME STREET ADDRESS 1516 CLEVELAND RD STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP CLTY-ST-ZIP Addition ☐ Delete TITLE TITLE BAIKOVITZ, SIMA NAME NAME STREET ADDRESS 1516 CLEVELAND RD STREET ADDRESS CITY-ST-7IP MIAMI BCH FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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 10 or Block 11 if

FILED

Jan 13, 2003 8:00 am

CR2E034 (10/02)