

2000 UNIFORM BUSINESS REPORT (UBR)

010200
bf2

DOCUMENT # 677209

1. Entity Name

ELITE TOURS, INC.

FILED

00 SEP 14 AM 10:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

2459 LINCOLN STREET
HOLLYWOOD FL 33020

Mailing Address

2459 LINCOLN STREET
HOLLYWOOD FL 33020

2. Principal Place of Business

3668 E. Valley Green Dr.
Suite, Apt. #, etc.

3. Mailing Address

3668 E. Valley Green Dr.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE, FL

City & State

DAVIE, FL

4. FEI Number

59-2031915

Applied For ?

☒ Not Applicable

Zip

33328

Country

USA

Zip

33328

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLICKSTEIN, MICHAEL R.

2040 N.E. 163RD ST.

N MIAMI BEACH FL 33160

7. Name and Address of New Registered Agent

Name

Rhonda McLeod

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

3668 E. Valley Green Dr.

City

DAVIE

FL

Zip Code

33328

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.

President/Director

(NOTE: Registered Agent signature required when reinstating)

9/9/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GILDEA, BRENDA	
STREET ADDRESS	2459 LINCOLN ST	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	VST	<input checked="" type="checkbox"/> Delete
NAME	GILDEA, BRENDA	
STREET ADDRESS	2459 LINCOLN ST	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McLeod, Rhonda	
STREET ADDRESS	3668 E. Valley Green Dr.	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, Christopher	
STREET ADDRESS	3688 E. Valley Green Dr.	
CITY-ST-ZIP	DAVIE, FL 33328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/00 (954) 382-8992
Date Daytime Phone #

KE

CR2E034 (5/00)

LAW OFFICE OF
DECARLO & KNOERR, P.A.

Attachment 282
677209

4984 North Pine Island Road
Lauderhill, Florida 33351

BROWARD: 954-749-3151
FACSIMILE: 954-749-3890
MIAMI-DADE: 305-531-2454
knoerrlaw@aol.com
decarlolaw@aol.com

August 3, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Elite Tours, Inc.; 2000 Uniform Business Report
FEI #:59-2031915

Dear Sir or Madam:

Please be advised that this firm has been retained by Mr. Brian Gildea, to represent the Estate of Brenda Gildea. Brenda Gildea, recently deceased, was the sole shareholder of Elite Tours, Inc. I am enclosing a copy of her death certificate for your records. Please note, that Ms. Gildea suffered from cancer and therefore was unable to perform her duties as owner of Elite Tours, Inc including not timely filing her Uniform Business Report with your office.

Due to the aforementioned circumstances, we are hoping that you will waive any late fees that are currently due for this corporation. Enclosed is a check in the amount of \$150.00 for the filing fee for Elite Tours, Inc. corporate Business Report.

If there are any questions or problems with this filing, please contact me at the above telephone number.

Thank you for your attention to this matter.

Sincerely yours,



Gioia DeCarlo