

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92203 020 \*\*\*150.00

**DOCUMENT # F78927**

1. Entity Name  
**ELITE GENERAL CONTRACTORS, INC.**



Principal Place of Business  
**10825 ROYAL PALM BLVD APT. 7  
CORAL SPRINGS FL 33065**

Mailing Address  
**PO BOX 32878  
PALM BEACH GARDENS FL 33420-2878**



2. Principal Place of Business

3. Mailing Address

**POST OFFICE BOX 9400**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**CORAL SPRINGS, FL.**

4. FEI Number **59-2199385**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33075 BROWARD**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEINGARTEN, YIZY  
10825 ROYAL PALM BLVD APT. 7  
CORAL SPRINGS FL 33065**

Name

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

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 Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PTSD**  
STREET ADDRESS **WEINGARTEN, YIZY**  
CITY-ST-ZIP **10825 ROYAL PALM BLVD APT. 7  
CORAL SPRINGS FL 33065**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **VOI**  
STREET ADDRESS **Shriberg, Kenneth**  
CITY-ST-ZIP **1722 Avenida Del Sol  
Boca Raton, FL 33432**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**SYNTHETIC WEINGARTEN 4-30-03 954.346.1956**

Date

Daytime Phone #

CR2E034 (10/02)