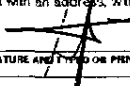


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91414 042 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # G02188	
1. Entity Name ELITE SYSTEMS, INC.	
Principal Place of Business 9882 GLADES RD. SUITE E-6 BOCA RATON, FL 33434	Mailing Address 9882 GLADES RD. SUITE E-6 BOCA RATON, FL 33434
11040209	
	
☐ CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country
4. FEI Number 59-2228441	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENAIM, VIVIAN 9801 COLLINS AVE APT 8X MIAMI BEACH, FL 33154	
7. Name and Address of New Registered Agent 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 _____ State and typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature is required when elected.) DATE _____	
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 10	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(b), 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:  5/1/03 50 852 5903 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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