

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G66721**

1. Entity Name  
**ELITE INTERNATIONAL INVESTMENTS, INC.**

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90293 006 \*\*\*150.00

Principal Place of Business      Mailing Address  
976 FLORIDA CENTRAL PARKWAY      976 FLORIDA CENTRAL PARKWAY  
SUITE 112      SUITE 112  
LONGWOOD FL 32750      LONGWOOD FL 32750-7504  
US      US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number **59-2338637**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**YEN, MING**  
**4008 SHADYOAK CT**  
**LAKE MARY FL 32746**

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.

SIGNATURE N/A      DATE 3/23/00  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>YEN, MING<br>4008 SHADYOAK CT<br>LAKE MARY FL <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 yen      DATE 3/23/00      Daytime Phone #

CR2E034 (9/99)