

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90010 041 \*\*\*\*55.00

0054987

**DOCUMENT # L02000017868**

1. Entity Name  
**ELITE INTERNATIONAL LLC**



Principal Place of Business      Mailing Address

15295 SW 107 LN      15295 SW 107 LN  
1008      1008  
MIAMI, FL 33196      MIAMI, FL 33196  
US      US

2. Principal Place of Business      3. Mailing Address

*15295 SW 107 LN*      *SAME*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

*#1008*

City & State      City & State

*Miami, FL*      *MIAMI, FL*

Zip      Country      Zip      Country

*33196*      *USA*      *33196*      *USA*

4. FEI Number      Applied For

*46-0491124*       Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

*Change*       *None*



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GONZALEZ, BARBARA B**  
15295 SW 107 LN  
1008  
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name *Maria C. Roldan*

Street Address (P.O. Box Number is Not Acceptable) *15320 SW 106 TERR #1105*

*Miami, FL*      *33196*

City      FL      Zip Code

8. The above named entry 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 \_\_\_\_\_

*[Signature]*

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>ROLDAN, MARIA C</b> <b>15320 SW 106 TERR #1105</b> <b>MIAMI FL 33196</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>GONZALEZ, BARBARA B</b> <b>15295 SW 107 LN #1008</b> <b>MIAMI FL 33196</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*      **SIGNATURE REQUIRED**      *3/17/03*      *305-495-7189*

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)