

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

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DOCUMENT # L02000017868

1. Entity Name

ELITE INTERNATIONAL LLC



Principal Place of Business

15295 SW 107 LN
1008
MIAMI, FL 33196
US

Mailing Address

15295 SW 107 LN
1008
MIAMI, FL 33196
US

2. Principal Place of Business

15295 SW 107 LN

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

4. FEI Number

46-0491124

Applied For

Not Applicable

Zip
33196

Country
USA

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ROLDAN, MARIA C
15320 SW 106 TERR #1105
MIAMI FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GONZALEZ, BARBARA B
15295 SW 107 LN #1008
MIAMI FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
Change
Addition

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Change
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CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/17/03 305-495-7189

CR2E083 (10/02)