

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
 05-30-2002 91616 008 ***550.00

U211663 AV

DOCUMENT # M36604

1. Entity Name
ELITE MARKETING SERVICES, INC.

Principal Place of Business
1000 PONCE DE LEON BLVD.
205
CORAL GABLES FL 33134-3345
US

Mailing Address
~~C/O ERNESTO SANCHEZ P.A.~~
~~814 PONCE DE LEON BLVD. #505~~
~~CORAL GABLES FL 33134~~

00121643



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
1000 Ponce de Leon Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
205

City & State

City & State
CORAL GABLES, FL

4. FEI Number **59-2723629**

Applied For
 Not Applicable

Zip Country

Zip Country
33134 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ, ERNESTO P.A.
814 PONCE DE LEON BLVD.
SUITE 505
CORAL GABLES FL 33134

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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SANZ, JOSE	
STREET ADDRESS	1000 PONCE DE LEON BLVD #205	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	GOMEZ, OFELIA L.	
STREET ADDRESS	1000 PONCE DE LEON BLVD #205	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	SANZ, MARIA DELORES	
STREET ADDRESS	1000 PONCE DE LEON BLVD, #205	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 REQUIRED **JOSE SANZ** *5/13/02* **3054480645**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)