

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 25, 2002 8:00 am
Secretary of State

07-25-2002 90125 033 ****61.25

DOCUMENT # N50310

1. Entity Name

ELITE LADIES ASSOCIATION INC. ✓

Principal Place of Business

**470 N.E. 180 DRIVE
NORTH MIAMI BEACH FL 33162**

Mailing Address

**470 N.E. 180 DRIVE
NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0360011

Applied For

Not Applicable

Zip

Country

Zip

Country

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****OLAIGBE, OLA
18441 NW 2ND AVE
#220
MIAMI FL 33168**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **P** ☐ Delete
NAME **ADELEKE, FOLA**
STREET ADDRESS **470 NE 180 DR.**
CITY-ST-ZIP **N MIAMI FL 33162**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **OLADUNNI, FOLASHADE**
STREET ADDRESS **7900 NW 27 AVE**
CITY-ST-ZIP **MIAMI FL 33147**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **ALLE, MARGARET**
STREET ADDRESS **1940 NW 119TH ST #822**
CITY-ST-ZIP **MIAMI FL 33167**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **BREWSTER, ANNABEL**
STREET ADDRESS **9747 SW 134 TR**
CITY-ST-ZIP **MIAMI FL 33176**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **KOLAPO, LARRY**
STREET ADDRESS **1031 NW 202 ST**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ADGNUGA, LAWRENCE**
STREET ADDRESS **34 NW 95 ST**
CITY-ST-ZIP **MIAMI FL 33150**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7/22/02

CR2E037 (4/02)