

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N50310

FILED
Sep 08, 2003
Secretary of State

Entity Name: ELITE LADIES ASSOCIATION INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0360011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADELEKE, FOLA
Address: 470 NE 180 DR.
City-St-Zip: N MIAMI, FL 33162

Title: S () Delete
Name: OLADUNNI, FOLASHADE
Address: 7900 NW 27 AVE
City-St-Zip: MIAMI, FL 33147

Title: T () Delete
Name: ALLE, MARGARET
Address: 1940 NW 119TH ST #822
City-St-Zip: MIAMI, FL 33167

Title: D () Delete
Name: BREWSTER, ANNABEL
Address: 9747 SW 134 TR
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: KOLAPO, LARRY
Address: 1031 NW 202 ST
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: ADGNUGA, LAWRENCE
Address: 34 NW 95 ST
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADELEKE FOLA

P

09/08/2003

Electronic Signature of Signing Officer or Director

Date