2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

07-24-2001 90024 014 ***150.00

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DOCUMENT # P00000051206

1. Entity Name

ELITE CONSULTING GROUP

LA

Principal Place of Business	Mailing Address
3129 HEADDRESS Dr. KISSIMMEE, FL, 34746	3129 HEADDRESS Dr. KISSIMMEE, FL, 34746

2. Principal Place of Business: 3129 HEADDRESS Dr.
Suite, Apt. #, etc.: —
City & State: KISSIMMEE, FLORIDA
Zip: 34746 Country: U.S.A

3. Mailing Address: 3129 HEADDRESS Dr
Suite, Apt. #, etc.: —
City & State: KISSIMMEE, FLORIDA
Zip: 34746 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3661715 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EMIL A. GASPERONI
931 WEKIVA SPRINGS ROAD
LONGWOOD - FL - 32779

7. Name and Address of New Registered Agent

Name: AIJAZ HUSSAIN
Street Address (P.O. Box Number is Not Acceptable): 6628 Tanglewood Bay Dr. #905
City: ORLANDO FL Zip Code: 32821

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: Aijaz Hussain DATE: 08/09/01

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

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TARIQ RASHEED, DIRECTOR, 3129 HEADDRESS Dr. KISSIMMEE, FL, 34746 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SHAHZAD ANWER, DIRECTOR, 3129 HEADDRESS Dr. KISSIMMEE, FL, 34746 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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: Tariq Rasheed — 07-10-01 — 407-390-1960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #