

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90212 025 ***150.00

DOCUMENT # P00000055462

1. Entity Name
ELITE HOLDINGS GROUP, INC.

Principal Place of Business
**1506 NORTHEAST 162ND STREET
SUITE #200
NORTH MIAMI BEACH FL 33162**

Mailing Address
**1506 NORTHEAST 162ND STREET
SUITE #200
NORTH MIAMI BEACH FL 33162**



2. Principal Place of Business
19501 NE 10th Avenue

3. Mailing Address
19501 NE 10th Avenue

Suite, Apt. #, etc.
Bldg 1 Bay H

Suite, Apt. #, etc.
Bldg 1 Bay H

City & State
N. Miami Beach, FL

City & State
N. Miami Beach, FL

Zip
33179

Country
USA

4. FEI Number **65-1028606**

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

**LOREN, JAMES M
1506 NORTHEAST 162ND STREET
SUITE #200
NORTH MIAMI BEACH FL 33162**

Name
Loren James
Street Address (P.O. Box Number is Not Acceptable)
**19501 NE 10th Avenue Bldg 1
Bay H**
City
North Miami Beach FL Zip Code
33179

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 *David Aelion* DATE **4/1/02**
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P LOREN, JAMES M 1506 NORTHEAST 162ND STREET #200 NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AELION, DAVID M 1506 NORTHEAST 162ND STREET #200 NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P James Loren 19501 NE 10th Avenue Bldg 1 Bay H N. Miami Beach, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Aelion David 19501 NE 10th Avenue Bldg 1 Bay H North Miami Beach, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *David Aelion* DATE **4/1/02** DAYTIME PHONE # **(305) 770 9990**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0257206 AV

CR2E034 (9/01)