FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State
04-03-2002 90538 001 *****8.75
04-03-2002 90538 002 ***150.00

DOCUMENT # P00000058845

1. Entity Name
ELITE PARTNERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
817 N 18th STREET	817 N 18th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KANSAS CITY KANSAS	City & State: KANSAS CITY KANSAS
Zip: 66102 Country: USA	Zip: 66102 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1017099 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HECTOR ZAMORA
Street Address (P.O. Box Number is Not Acceptable): 5610 NW 114th PLACE
Unit 109
City: Miami FL Zip Code: 33178

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: HECTOR ZAMORA — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 3/22/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE: PRESIDENT NAME: DENNIS VELASQUEZ STREET ADDRESS: 9009 W 100 TERR CITY-ST-ZIP: OVERLAND PARK KS 66212	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VICE PRESIDENT NAME: DAVID VELASQUEZ STREET ADDRESS: 9009 W 100 TERR CITY-ST-ZIP: OVERLAND PARK KS 66212	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: TREASURER NAME: YVONNE ZAMORA STREET ADDRESS: 2000 W 69th STREET CITY-ST-ZIP: MISSION HILLS KS 66208	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: DO NOT WRITE IN THIS SPACE
TITLE: SECRETARY NAME: KEITH NICKERSON STREET ADDRESS: 2000 W 69th STREET CITY-ST-ZIP: MISSION HILLS KS 66208	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH NICKERSON — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3/22/02 — Daytime Phone #: 913-341-7139