FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90428 001 *****8.75
05-07-2003 90428 002 ***150.00

DOCUMENT # P00000058845

1. Entity Name

ELITE PARTNERS, INC

DO NOT WRITE IN THIS SPACE

55038588
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3515 West 75th Street	3515 West 75th Street
Suite, Apt. #, etc. ReMax Suite 100	Suite, Apt. #, etc. ReMax Suite 100
City & State Prairie Village Kansas	City & State Prairie Village Kansas
Zip 66208 Country USA	Zip 66208 Country USA

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): 921 NE 213th Terr

APT. 2

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Hector Zamora — Signature, typed or printed name of registered agent and title if applicable. — /s/ Hector Zamora (NOTE: Registered Agent signature required when reinstating) — DATE: 4/15/03

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Keith Nickerson
STREET ADDRESS	7669 Rainbow
CITY-ST-ZIP	Prairie Village KS 66208
TITLE	Vice President
NAME	Dennis Velasquez
STREET ADDRESS	9009 W 100 Terr
CITY-ST-ZIP	Overland Park KS 66212
TITLE	Treasurer
NAME	Keith Nickerson
STREET ADDRESS	7669 Rainbow
CITY-ST-ZIP	Prairie Village KS 66208
TITLE	Secretary
NAME	David Velasquez
STREET ADDRESS	9009 W 100 Terr
CITY-ST-ZIP	Overland Park KS 66212
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 607, Florida Statutes; and that my name appears in Block 10 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 — 4/28/03 Date — 913-529-1423 Daytime Phone #