

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90117 048 ***150.00

DOCUMENT # P00000065523

1. Entity Name
ELITE SOFTWARE SOLUTIONS, INC.

Principal Place of Business

505 N.W. 128TH STREET
 NORTH MIAMI FL 33168

Mailing Address

505 N.W. 128TH STREET
 NORTH MIAMI FL 33168



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1301 NE MIA Grdns Dr.
 Suite, Apt. #, etc.

Suite 405W

City & State

North Miami Beach, FL

3. Mailing Address

1301 NE Miami Grdns Dr.
 Suite, Apt. #, etc.

Suite 405W

City & State

North Miami Beach, FL

4. FEI Number **65-1023202**

Applied For

Not Applicable

Zip
 33179

Country
 USA

Zip
 33179

Country
 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LIBERT, CLEO
 505 N.W. 128TH STREET
 NORTH MIAMI FL 33168

7. Name and Address of New Registered Agent

Name

Libert, Cleo

Street Address (P.O. Box Number is Not Acceptable)

1301 NE Miami Gardens Dr. #405W

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

2/25/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE **P** ☐ Delete
 NAME **LIBERT, CLEO**
 STREET ADDRESS **505 NW 128TH STREET**
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **President**
 STREET ADDRESS **Libert, Cleo**
 CITY-ST-ZIP **1301 NE Miami Gardens Dr. #405W**
North Miami Beach, FL 33179

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLEO LIBERT

Date

Daytime Phone #

2/25/02

305.812.3825

CR2E034 (9/01)