

2001 UNIFORM BUSINESS REPORT (UBR)

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2/8

FILED
Jun 25, 2001 8:00 am
Secretary of State

02-08-2001 90044 002 ***150.00

DOCUMENT # P00000081922

1. Entity Name

ELITE INSTALLATIONS, INC.

Principal Place of Business

150 NE 40 ST., APT 206
OAKLAND PARK FL 33334

Mailing Address

150 NE 40 ST., APT 206
OAKLAND PARK FL 33334

2. Principal Place of Business

150 NE 40 ST.

Suite, Apt. #, etc.

AP. 206

3. Mailing Address

Suite, Apt. #, etc.

City & State

OAKLAND PARK

City & State

Zip

33334

Country

BRAGMAN

Zip

Country

4. FEI Number

65-1075922

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

SOLER, PEDRO A
150 NE 40 ST., APT 206
OAKLAND PARK FL 33334

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

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

(NOTE: Registered Agent signature required when resigning)

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, 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

TITLE: **ELITE INSTALLATIONS, INC.** Delete
NAME: SOLER, PEDRO A
STREET ADDRESS: 150 NE 40 ST., APT 206
CITY-ST-ZIP: OAKLAND PARK FL 33334 PAS.

TITLE: **ELITE INSTALLATIONS, INC.** Delete
NAME: SOLER, PEDRO A
STREET ADDRESS: 150 NE 40 ST., APT 206
CITY-ST-ZIP: OAKLAND PARK FL 33334 PAS.

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CITY-ST-ZIP: OAKLAND PARK FL 33334 PAS.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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STREET ADDRESS: ☐ Change ☐ Addition
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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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

Date

Daytime Phone #

CR2E034 (10/00)