

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91771 032 \*\*\*150.00

**DOCUMENT # P00000081922**

**1. Entity Name**  
**ELITE INSTALLATIONS, INC.**

**Principal Place of Business**

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

3911 NE 1AV

OAKLAND PARK FL 33334

**Mailing Address**

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

3911 NE 1AV

OAKLAND PARK FL

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number** 65-1075999

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

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

Pedro Soler  
 3911 NE 1 Ave.  
 Oakland Park FL  
 33334

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

**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**

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** DPAS ☐ Delete  
**NAME** SOLER, PEDRO A  
**STREET ADDRESS** 150 NE 40 ST., APT 206  
**CITY-ST-ZIP** OAKLAND PARK FL 33334

**TITLE** DPAS ☐ Delete  
**NAME** SOLEN, PEDRO A  
**STREET ADDRESS** 150 NE 40 ST., APT 206  
**CITY-ST-ZIP** OAKLAND PARK FL 33334

**TITLE** ☐ Delete  
**NAME** Soler Pedro  
**STREET ADDRESS** 3911 NE 1 Ave.  
**CITY-ST-ZIP** OAKLAND PARK FL 33334

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

**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 supplementary 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:**  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 31, 2001

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

39600  
P000000 8/19/22  
ELITE INSTALLATIONS INC  
3911 NE 1 Aven  
OAKLAND PARK FL 33334.

Subject: ELITE INSTALLATIONS, INC.

Reference Number: P00000081922

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

List the complete title, name, street address, city, state and zip code of each officer/director of the corporation.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500, WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RR  
ANNUAL REPORTS SECTION