

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90098 008 ***150.00

DOCUMENT # P01000024621
1. Entity Name
ELITE INTERNATIONAL ENTERPRISES CORPORATION



Principal Place of Business
16909 N. BAY ROAD
SUITE 112
SUNNY ISLES FL 33160

Mailing Address
16909 N. BAY ROAD
SUITE 112
SUNNY ISLES FL 33160

2. Principal Place of Business
2990 NW 27 Ave

3. Mailing Address
2990 NW 27 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip
33142

Country

Zip

33142

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1084889

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

ARANAZ, DEBORA
16909 N. BAY ROAD
112
SUNNY ISLES FL 33160

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST
NAME ARANAZ, DEBORA
STREET ADDRESS 16909 N. BAY ROAD
CITY-ST-ZIP SUNNY ISLES FL 33160

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD
NAME SHER, RUBEN J
STREET ADDRESS 16909 N. BAY ROAD
CITY-ST-ZIP SUNNY ISLES FL 33160

☐ Delete

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Roben J Sher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/03

305-635-0855

Date

Daytime Phone #

CR2E034 (10/02)