## FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Aug 18, 2002 8:00 am Secretary of State P01000025096 DOCUMENT # 1. Entity Name 08-18-2002 90140 039 \*\*\*550.00 ELITE REALTY OF THE PALM BEACHES, INC. Principal Place of Bysiness Mailing Address 810 SATRUN ST STE 17 810 SATRUM ST. STE 17 JUPITER FL 38 3. Mailing Address 505. US Highway one Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite# 205 City & State 4. FEI Number Applied For 65-1094904 Not Applicable Country \$8.75 Additional Palm Beach 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UCC FILING & SEARCH SERVICES, INC. 526 E PARK AVE Ocean Pines. TALLAHASSEE-FL 3230 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. 8-12-02 Signature, typed or printed name of FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (4/02)TITLE ☐ Delete TITI F ■ Addition DAME, JEFFREY P NAME NAME 154 OCEAN PINES TERR STREET ADDRESS STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition KNASKO, MARILYNN NAME NAME STREET ADDRESS 2 GARDEN ST, BLDG M. STREET ADDRESS CITY-ST-7IP TEQUESTA FL 33469 CITY-ST-ZIP TITI F Delete ---- = ~ □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

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