

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # **401000D54467**

1. Entity Name

Elite Financial Corp.

02 NOV -8 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3350 NE 192nd Street

3. Mailing Address

3350 NE 192nd Street

Suite, Apt. #, etc.

#B1B

Suite, Apt. #, etc.

#B1B

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

4. FEI Number

65-1112280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Sonia Melamed

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

3350 NE 192nd St. #B1B

Aventura FL

City

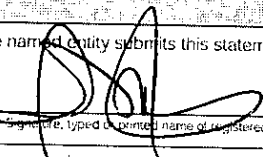
FL

Zip Code

33180

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



Sonia Melamed

(Signature typed or printed name of registered agent and fee 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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, S, T, D**
NAME **Sonia Melamed**
STREET ADDRESS **3350 NE 192nd St. #B1B Aventura, FL**
CITY - ST - ZIP **33180**

TITLE
NAME
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CITY - ST - ZIP
600008880696
11/08/02--01005--001 **150.00

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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 on an attachment with an address, with an e-mail like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

11/15/02

To Whom It May Concern,

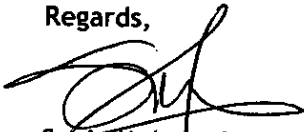
November 4, 2002

Please accept this letter on my behalf explaining why my report is being submitted late this year. Since my incorporation in April of 2001 I never received any correspondence whatsoever from the Florida Department of State regarding my for profit corporation until just recently when I received my "Notice of Administrative Dissolution or Revocation". I would have most definitely responded accordingly and in a timely manner had I received any instruction regarding my for profit corporation.

I spoke at length with a representative at your office who he instructed me to submit my application, a \$150.00 fee, and accompany a letter of explanation. He also gave me future instruction so that this not occur again as well as check my address to make sure he had correct information in file.

Thank you for your consideration.

Regards,



Sonia Melamed

ABN AMRO Mortgage Group, Inc.

Toll Free: 800.929.9262 EXT: 1037

Direct: 954.320.1037

Fax: 866.320.0014

<mailto:soniamelamed@mortgage.com>