

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90067 012 ***150.00

DOCUMENT # P01000054467

1. Entity Name
ELITE FINANCIAL CORP.



Principal Place of Business
**3350 NORTHEAST 192ND STREET
UNIT #B1B
AVENTURA, FL 33180**

Mailing Address
**3350 NORTHEAST 192ND STREET
UNIT #B1B
AVENTURA, FL 33180**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1112280

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MELAMED, SONIA
3350 NORTHEAST 192ND STREET
UNIT #B1B
AVENTURA, FL 33180**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$61.25
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

TITLE **PSTD** ☐ Delete
NAME **MELAMED, SONIA**
STREET ADDRESS **3350 NORTHEAST 192ND STREET UNIT #B1B**
CITY-ST-ZIP **AVENTURA, FL 33180**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/03

305-496-6948

CR2E034 (10/02)

Attachment

80146539
#P01000054467

September 8, 2003

To Whom It May Concern:

I did not receive any correspondence from the Florida Department of State urging me to remit payment for my corporation (doc. # P01000054467). I tried to call the 850.488.9000 number but was unable to speak with anyone. After much research and help from a representative I tried to submit my payment on-line however I am being charged a total of \$550.00 which includes a late fee.

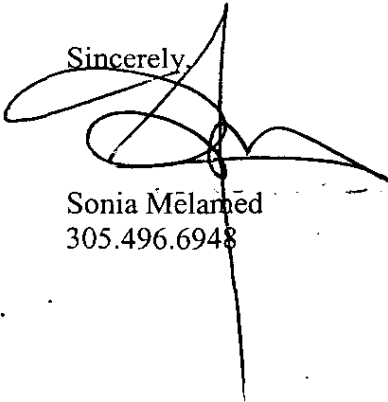
Again after many phone calls and some research, I was told by a representative to simply write a letter explaining my situation and this late fee would be waived.

I have downloaded an application off of your website and my address on the application is correct so I am not sure why I am not receiving any correspondence- please assist me.

I understand now that the regular \$150.00 fee is due on or before May each year. From now on I will simply initiate my own electronic filing as to not have this problem again.

Please accept this letter of explanation for why my payment to the Florida Dept. of State was not received in a timely manner.

Sincerely,



Sonia Melamed
305.496.6948