

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90056 009 \*\*\*150.00

**DOCUMENT # P01000088003**

1. Entity Name  
**ELITE MORTGAGE FINANCE CORP.**

Principal Place of Business

782 N.W. 42ND AVENUE  
 SUITE 638  
 MIAMI FL 33126

Mailing Address

782 N.W. 42ND AVENUE  
 SUITE 638  
 MIAMI FL 33126

979441



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

782 N.W. 42 Avenue

3. Mailing Address

782 NW 42 Avenue

Suite, Apt. #, etc.

Suite 440

Suite, Apt. #, etc.

Suite 440

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

USA

Zip

33126

Country

USA

4. FEI Number

65-1135359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMOR, MONICA  
 782 N.W. 42ND AVENUE  
 SUITE 638  
 MIAMI FL 33126

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 PD ☐ Delete  
 NAME AMOR, MONICA  
 STREET ADDRESS 782 N.W. 42ND AVENUE SUITE 638  
 CITY-ST-ZIP MIAMI FL 33126

TITLE VPD ☐ Delete  
 NAME GARCIA, MIRTHA  
 STREET ADDRESS 782 N.W. 42ND AVENUE SUITE 638  
 CITY-ST-ZIP MIAMI FL 33126

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

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  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/02

(305)6429883

CR2E034 (4/02)

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DATE RECEIVED BY: \_\_\_\_\_

Enclosures as herein stated