

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90017 006 ***150.00

0196579 AV

DOCUMENT # P01000089119

1. Entity Name

ELITE INSURANCE BROKER, CORP.

Principal Place of Business

782 NW 42ND AVE., SUITE 637
MIAMI FL 33126

Mailing Address

782 NW 42ND AVE., SUITE 637
MIAMI FL 33126

2. Principal Place of Business

780 NW 42AV.

Suite, Apt. #, etc.

420

City & State

MIAMI FL

Zip

33126

Country

USA

3. Mailing Address

780 NW 42AV

Suite, Apt. #, etc.

420

City & State

MIAMI FL

Zip

33126

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

60-0002709

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAZZA-MARTINEZ, TANIA

782 NW 42ND AVE., SUITE 637

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.

SIGNATURE

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/02

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 \$150.00

After May 1, 2002 Fee will be \$550.00

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 NAME ☐ Delete

PD
GELVES, EUFRACIO
782 NW 42ND AVE., SUITE 637
MIAMI FL 33126

TITLE NAME ☐ Delete

D
DE GELVES, MAGDA S
782 NW 42ND AVE., SUITE 637
MIAMI FL 33126

TITLE NAME ☐ Delete

TITLE NAME ☐ Delete

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TITLE NAME ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/02 305-2077332

CR2E034 (9/01)