

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90127 020 ***150.00

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DOCUMENT # P01000101202

1. Entity Name
ELITE EXECUTIVE PROTECTION, INC.



Principal Place of Business
**455 NE 146TH ST.
MIAMI FL 33161**

Mailing Address
**455 NE 146TH ST.
MIAMI FL 33161**

2. Principal Place of Business
455 NE 146 St.
Suite, Apt. #, etc.

3. Mailing Address
Elite Executive Protection, Inc.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Miami

City & State
FL 33161

4. FEI Number **80-0023590**

Applied For
☐ Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**MORA, YULENIA
455 NE 146TH ST.
MIAMI FL 33161**

7. Name and Address of New Registered Agent

Name **D/A**
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 **D/A**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 **PD** ☐ Delete
NAME **MORA, ERNESTO**
STREET ADDRESS **455 NE 146TH ST.**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE **VSD** ☐ Delete
NAME **YULENIA, MORA**
STREET ADDRESS **455 NE 146TH ST.**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE **TD** ☐ Delete
NAME **MORA, FLORENCIA X**
STREET ADDRESS **455 NE 146TH ST.**
CITY-ST-ZIP **MIAMI FL 33161**

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

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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)(i), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03

Day

Daytime Phone #

CR2E034 (10/02)