

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

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90187 050 \*\*\*158.75

DOCUMENT # P02000030593

1. Entity Name

ELITE MULTISERVICES, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
17630 NW 73rd Avenue

Suite, Apt. #, etc.

Suite 100

City & State  
Miami, Florida

Zip  
33015

Country  
USA

3. Mailing Address  
Post Office Box 4286

Suite, Apt. #, etc.

City & State  
Miami Lakes, Florida

Zip  
33014

Country  
USA

4. FEI Number 01-0683211

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Dodson, Marva M.

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

17630 NW 73rd Avenue Suite 100

City Miami,

FL

Zip Code  
33015

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

*Marva M. Dodson*

03/20/03

DATE

Signature, typed or printed name of registered agent and the filer

(NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVST  
Dodson, Marva M.  
17630 NW 73rd Ave.#100 Miami, FL 33015

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
Dodson, Marva M.  
17630 NW 73rd Ave. #100 Miami, FL 33015

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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Marva M. Dodson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/20/03 698-7080 (305)

CR2E034B (12/02)