

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90221 002 ***150.00

DOCUMENT # P94000026622

1. Entity Name
ELITE DEVELOPMENT, INC.



Principal Place of Business
**17094 COLLINS AVENUE
SUITE 104
SUNNY ISLES BEACH FL 33160**

Mailing Address
**17094 COLLINS AVENUE
SUITE 104
SUNNY ISLES BEACH FL 33160**

2. Principal Place of Business

17098 COLLINS AVE.

3. Mailing Address

17098 COLLINS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUNNY ISLES BEACH, FL

City & State

SUNNY ISLES BEACH, FL

Zip **33160**

Country

Zip **33160**

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0492500**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LESNIAK, STANLEY
17094 COLLINS AVENUE
SUITE 104
SUNNY ISLES BEACH FL 33160**

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LESNIAK, STANLEY 17094 COLLINS AVENUE, SUITE 104 SUNNY ISLES BEACH FL 33160	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STANLEY LESNIAK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03 (205) 945-1050

Date

Daytime Phone #

CR2E034 (10/02)