

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000088758

1. Entity Name

ELITE TELECOMMUNICATIONS, CORP.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90011 046 ***158.75

Principal Place of Business

Mailing Address

~~8845 NW 30TH STREET~~
~~SUITE 334~~
~~MIAMI FL 33166~~
~~US~~

~~8845 NW 30TH STREET~~
~~SUITE 334~~
~~MIAMI FL 33166~~
~~US~~

2. Principal Place of Business

8348 NW 74 Ave

3. Mailing Address

8201 NW 46ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MEDLEY, FL

City & State

MIAMI, FL

Zip

33166

Country

US

Zip

33166

Country

US

4. FEI Number

65-0544830

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ZILIAN, DANIEL

~~8845 NW 30TH STREET~~

~~SUITE 334~~

~~MIAMI BEACH FL 33166~~

Name

ZILIAN, DANIEL

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

8348 NW 74 AVENUE

City

MEDLEY

FL

Zip Code

33166

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 if applicable.

ZILIAN, DANIEL

04/18/2000

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 \$150.00

After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	ZILIAN, DANIEL	
STREET ADDRESS	8120 GENEVA COURT, #D351	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZILIAN, DANIEL	
STREET ADDRESS	8120 GENEVA COURT, #D351	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PVSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZILIAN, DANIEL	
STREET ADDRESS	8348 NW 74 AVE - MEDLEY, FL	
CITY-ST-ZIP	33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]

ZILIAN, DANIEL

04/18/2000 (305) 884-6221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)