

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

08-01-2001 90010 017 \*\*\*150.00

**DOCUMENT # P95000002229**

1. Entity Name

**ELITE PRINTING, INC.**

Principal Place of Business

**1491 NE 175TH ST  
 N. MIAMI BEACH FL 33162  
 US**

Mailing Address

**1491 NE 175TH ST  
 N. MIAMI BEACH FL 33162  
 US**

2. Principal Place of Business

**18739 W. Dixie Hwy  
 Suite, Apt. #, etc.**

3. Mailing Address

**18739 W. Dixie Hwy  
 Suite, Apt. #, etc.**

City & State

**N. MIAMI BEACH, FL  
 Zip 33180  
 Country MIAMI - DADE**

City & State

**N. MIAMI BEACH FL  
 Zip 33180  
 Country MIAMI - DADE**

4. FEI Number

**64-0550138**

Applied For

Not Applicable

5. Certificate of Status, Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SHEMESH, YAIR  
 1491 NE 175TH ST  
 N. MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name

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

**18739 W. Dixie Hwy.**

City

**N. MIAMI BEACH**

FL

Zip Code

**33180**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7.24.01**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 **D** ☐ Delete  
 NAME **SHEMESH, YAIR**  
 STREET ADDRESS **1491 NE 175TH ST**  
 CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT / DIRECTOR** ☒ Change ☐ Addition  
 NAME **SHEMESH, YAIR**  
 STREET ADDRESS **18739 W. Dixie Hwy, N. Miami Bch.**  
 CITY-ST-ZIP **FL.**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment  
Elite Printing, Inc.

18739 West Dixie Highway  
Aventura, Florida 33180  
(305) 654-0546

7/24

Doc. # 09500002229  
B00001333

July 24, 2001

Dear Florida Department of State,

Please find enclosed our completed 2001 Uniform Business Report. We would like to request a waiver of the penalty as the report was sent to an incorrect address and was just recently received from the incorrect addressee. Along with the 2001 Uniform Business Report I have updated all service of process, correspondence and mailing addresses so a repetition of this problem will not occur in future. Thank you for your consideration in this matter.

Sincerely,



Yair Shemesh