

2000 UNIFORM BUSINESS REPORT (UBR)

6

DOCUMENT # P96060001809

1. Entity Name
Elite Properties of the Palm Beaches, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 PM 3:17

Principal Place of Business Mailing Address
6847 CALLE DEL PAZ S.
BOCA RATON, FL. 33433

2. Principal Place of Business Suite, Apt. #, etc. Same AS ABOVE
3. Mailing Address Suite, Apt. #, etc. Same AS ABOVE

DO NOT WRITE IN THIS SPACE

City & State Zip Country City & State Zip Country
4. FEI Number 65-0641169 ☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Pamela J. Powers
6847 CALLE DEL PAZ S.
BOCA RATON, FL. 33433

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.

SIGNATURE Pamela Powers Pamela J. Powers Reg. Agent 11.3.2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
President Pamela J. Powers 6847 CALLE DEL PAZ S. BOCA RATON, FL. 33433 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
700003478597-5 ☐ Change ☐ Addition
-11/28/00--01079--011
****158.75 ****158.75

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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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: Pamela Powers Pamela Powers, Pres. 11.3.2000 561-338-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

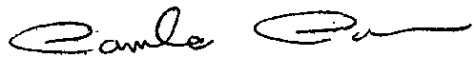

EP

11.3.2000

Department of State :

Due to an address change I did not receive
the renewal notice. Please waive penalties.

Thankyou,



Pamela Powers
President