

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000046255

1. Entity Name

ELITE STAFFING SERVICES, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90127 041 ***150.00

Principal Place of Business

400 EAST LINTON BLVD.
SUITE G-10
DELRAY BEACH FL 33483

Mailing Address

400 EAST LINTON BLVD.
SUITE G-10
DELRAY BEACH FL 33483

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

Same

City & State

Same

City & State

Same

Zip

Same

Zip

Same

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0757028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRITO, DIANE M
400 EAST LINTON BLVD.
SUITE G-10
DELRAY BEACH FL 33483

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

[Signature]

(NOTE: Registered Agent's signature required when reinstating)

DATE

4/09/01

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 \$150.00
After MAY 1, 2001 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 **OP** ☐ Delete
NAME **BRITO, DIANE M**
STREET ADDRESS **400 EAST LINTON BLVD., G-10**
CITY-ST-ZIP **DELRAY BEACH FL 33486**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 empowers.

SIGNATURE:

[Signature]

4/9/01 (561) 266-0288

CR2E034 (10/00)