2001 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P97000050813** FLORIDA ELITE CONSTRUCTION COMPANY 04-26-2001 90244 043 ***150.00 Principal Place of Business Mailing Address 1400 SE 17TH ST 1400 SE 17TH ST FT LAUDERDALE FL 33316-1710 FT LAUDERDALE FL 33316-1710 2. Principa Place of Business 3. Mailing Address Suito, Apt. #, etc. Suito, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEL Number Applied For 65-0815666 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VITTORATOS, PETER Street Address (P.O. Box Number is Nct Acceptable) 10680 NW 18TH CT PLANTATION FL 33322-3554 City 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: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE MOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See or toria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PDST** TITLE ☐ Delete TITLE Change NAME VITTORATOS, PETER NAME STREET ADDRESS 10680 NW 18TH CT STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP PLANTATION FL 33322-3554 TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITLE ☐ Delete T/T: F Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z:P CITY-ST-ZIP DISE Delete TITL F ☐ Change ☐ Addition NAME NAMÊ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 eath; that I arri 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

tes. 19. April-01

FILED