

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED 04 JUL 2002 90253 034 \*\*\*\*50.00  
P97000100489

02 JUL -2 PM 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000100489

1. Entity Name  
ELITE HOSPITALITY CORP.

Principal Place of Business  
444 SEABREEZE BLVD  
200  
DAYTONA BEACH FL 32118  
US

Mailing Address  
444 SEABREEZE BLVD  
200  
DAYTONA BEACH FL 32118  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

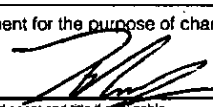
City & State  
Zip Country

4. FEI Number 59-3510282  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
BHOOLA, MANOJ  
444 SEABREEZE BOULEVARD  
SUITE 200  
DAYTONA BEACH FL 32118


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  DATE 1/16/02  
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BHOOLA, MOHAN J		NAME		
STREET ADDRESS	444 SEABREEZE BLVD SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BHOOLA, MANOJ		NAME		
STREET ADDRESS	444 SEABREEZE BLVD SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BHOOLA, SANGEETA		NAME		
STREET ADDRESS	444 SEABREEZE BLVD SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 

1/16/02

CR205034 (9/01)