

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024703

1. Entity Name

ELITE FINANCIAL SERVICES, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90347 009 \*\*\*158.75

Principal Place of Business

Mailing Address

100 E. LINTON BLVD., STE. 121 B  
DELRAY BEACH FL 33483

100 E. LINTON BLVD., STE. 121 B  
DELRAY BEACH FL 33483-3341

2. Principal Place of Business

3. Mailing Address

9703 South Dixie Hwy

5525 Descartes Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd Floor Ste 3G

Boynton Beach

City & State

City & State

Miami FL

FL

Zip

Country

Zip

Country

33156

USA

33437

Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPIRO, JACQUELINE M  
7352 ASHLEY SHORES CIRCLE  
LAKE WORTH FL 33467

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-1-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CAPIRO, JACQUELINE M  
CITY-ST-ZIP 100 E. LINTON BLVD., STE. 121 B  
DELRAY BEACH FL 33483

TITLE ☒ Change ☐ Addition  
NAME CAPIRO, JACQUELINE M  
STREET ADDRESS 9703 South Dixie Hwy  
CITY-ST-ZIP 2nd Floor Ste 3G Miami FL 33156

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
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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 I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-00 56-385-0111

CR2E034 (9/99)