## **2003 FOR PROFIT CORPORATION**

UN	IFORM BUSINI	ESS KEPOH	(OBK)	_ Aug 29, 200		
1. Entity Nam	ne	00076455		Secretary 0 08-29-2003 90086 0		
ELITE CC	DRPORATE SERVICES, INC	E)				
10871 NW 52ND ST 10871 N		Mailing Address 10871 NW 52ND ST				
STE 2 SUNRISE FL 33351		STE 2 SUNRISE FL 33351				
2. Principal Place of Business		3. Mailing Address		# 100 (1001 110 \$2) (106) (20) (100) (20) (20)	. 1881 (111) (1981   1119) (111) (1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0862789	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name	7Name and Address of New Registered	Agent	
PERCIAVALLE, LUDWIG 10871 NW 52ND ST				Street Address (P.O. Box Number is Not Acceptable)		
STE 2 SUNRISE FL 33351			City	City FL Zip Code		
	e named entity submits this statement for	or the purpose of changing its	s registered office or regist	ered agent, or both, in the State of Florida. I am	<u> </u>	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requi	red when reinstating) DATE		
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 k Payable to Florida Department of			9. Election Campaign Financing Trust Fund Contribution.  [	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PERCIAVALLE, LUDWIG G 10871 NW 52ND ST SUNRISE FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME . STREET ADDRESS CTY - ST-ZIP		☐ Change ☐ Addition	
12. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp or on an attachment with an address	n this filing loes not qualify to s true and accurate and that re owned to execute this report with all other like empowered	r the exemption stated in my signature shall have the as required by Chapter 6	Section 119.07(3)(i) Florida Statutes. I further ce e same legar effect as if made under oath; that i 07. Porida Statutes; and that my name appears	rtify that the information am an officer or director in Block 10 or Block 11 if	

Attachment

#P98000076455

Elite Corporate Services, Inc. 10871 N.W. 52<sup>nd</sup> Street, Ste 2 Sunrise, FL 33351

August 8, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Elite Corporate Services, Inc.

F.E.I.N. - 65-0862789

## Dear Sir or Madam:

I am the President of Elite Corporate Services, Inc. I recently became aware that my corporation lapsed with the state. Please be advised that the necessary renewal documents were never received by my office. I forwarded a change of address to the State in December of 2002. The original UBR may have been forwarded to the old address. I have enclosed a reinstatement form to update my company along with a check in the amount of \$ 150.00 representing renewal fees for 2003

Thank you in advance for your attention to this matter.

Sincerely,

Ludwig Pereiavalle

President

**Enclosure**