

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90006 024 ***155.00

DOCUMENT # **P98 0000 76879**

1. Entity Name
FLORIDA ELITE SERVICES INC

Principal Place of Business
2250 SW 3 AVE
201 SUITE
MIAMI, FLA 33129

Mailing Address
2250 SW 3 AVE
SUITE 201
MIAMI, FLA 33129

Principal Place of Business
Same as Above

3. Mailing Address
Same as Above

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
65-0862487

Applied For
☐ Not Applicable

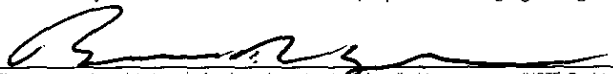
5. Certificate of Status Desired
☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
AMERICA LAWYER
343 ALMERIA AVE
CORN GABLES FLA 33134

7. Name and Address of New Registered Agent
 Name
WILFREDO O. ALLEN
 Street Address (P.O. Box Number is Not Acceptable)
2250 SW 3 AVE
SUITE 201
 City
MIAMI FLA **FL** Zip Code
33129

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  **6/19/00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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		<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		
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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:  **6/19/00 305-369-1100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)