

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90233 012 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014797

1. Entity Name

The Elite Building Group, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6540 Racquet Club Dr.

Suite, Apt. #, etc.

3. Mailing Address

6540 Racquet Club Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lauderhill, Florida

City & State
Lauderhill, Florida

4. FEI Number

65-0927577

Applied For

Not Applicable

Zip
33319

Country
USA

Zip
33319

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Fred P. Grant

Street Address (P.O. Box Number is Not Acceptable)
6540 Racquet Club Dr.

City
Lauderhill, FL Zip Code
33319

**DO NOT WRITE
IN THIS SPACE**

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 filed appropriate

(NOTE: Registered Agent signature required when reappointing)

4/25/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
President/Director
Fred P. Grant
6540 Racquet Club Dr.
Lauderhill, FL 33319

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Vice President/Director
Wellington Cavalcanti
10961 N.W. 3rd Court
Coral Springs, FL 33071

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Secretary/Treasurer/Director
Virginia Grant
6540 Racquet Club Dr.
Lauderhill, FL 33319

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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CITY- ST- ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02 (954) 733-0291

Date

Daytime Phone #

CR2E034B (12/01)