

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000049816

1. Entity Name

ELITE ADVENTURES, INC.

Principal Place of Business

Mailing Address

888 CRYSTAL LAKE DR
POMPANO BEACH FL 33064

~~900 E ATLANTIC BLVD~~
~~STE 17~~
~~POMPANO BEACH FL 33060~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0928270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STUPARITZ, ALAN D
900 E ATLANTIC BLVD
SUITE 7
POMPANO BEACH FL 33060

Name: Ashraf H. Bortan, CPA PA
Street Address (P.O. Box Number is Not Acceptable)
2100 E Sample Rd, 202
City: Lighthouse Pt., FL Zip Code: 33064

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

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, 2001 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	PDTD	<input checked="" type="checkbox"/> Delete
NAME	MORIARTY, ROLAND	
STREET ADDRESS	888 CRYSTAL LAKE DR	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PDTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roland Moriarty	
STREET ADDRESS	4581 Avalon St.	
CITY-ST-ZIP	Boca Raton, FL 33428	428
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 (56)558-0192

Date Daytime Phone #

FILED
Jun 18, 2001 8:00 am
Secretary of State

05-03-2001 91113 035 ***150.00

74658



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)