5/25/

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State
05-22-2000 90069 023 ***150.00

DOCUMENT # P99000056720

1. Entity Name
ELITE TRANSPORTATION MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~16545 BRIGADOON DRIVE~~ ~~TAMPA FL 33618-1002~~	~~16545 BRIGADOON DRIVE~~ ~~TAMPA FL 33618-1002~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4350 W. Waters Ave		4350 W. Waters Ave.	
Suite, Apt. #, etc. 205		Suite, Apt. #, etc. 205	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33614	Country Hills.	Zip 33614	Country Hills

4. FEI Number 593582372 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUTCHESON, PAMELA
~~16545 BRIGADOON DRIVE~~
~~TAMPA FL 33618-1002~~
4350 W. Waters Ave. Suite 205
TAMPA, FL 33614

7. Name and Address of New Registered Agent
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]
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Saeed Salmassi 10401 Canary Isle Dr. Tampa, FL	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #