

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090371

1. Entity Name

ELITE TRUST FINANCIAL CORPORATION

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90093 007 ***150.00

Principal Place of Business
116000 NW 56TH DRIVE
#102
CORAL SPRINGS FL 33076

Mailing Address
116000 NW 56TH DRIVE
#102
CORAL SPRINGS FL 33076

2. Principal Place of Business
11600 NW 56th Drive

3. Mailing Address
11600 NW 56th Drive

Suite, Apt. #, etc.
102

Suite, Apt. #, etc.
102

City & State
Coral Springs Fl 33076

City & State
Coral Springs, Fl. 33076

4. FEI Number
65-0987688

Applied For
Not Applicable

Zip
33076

Country
Broward

Zip
33076

Country
Broward

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

DIAZ, MOCHAEL
116000 NW 56TH DRIVE
#102
CORAL SPRINGS FL 33076

Name
Diaz, Michael
Street Address (P.O. Box Number is Not Acceptable)
11600 NW 56th Drive
102
City
Coral Springs FL Zip Code
33076

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, 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
PD
DIAZ, MICHAEL
116000 NW 56TH DRIVE #102
CORAL SPRINGS FL 33076 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Diaz, Michael
11600 NW 56th Drive # 102
Coral Springs, Fl. 33076 ☒ 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
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Michael Diaz  4/19/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)