

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000001664

1. Entity Name

ELITE GLOBAL, INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90006 019 ***150.00

Principal Place of Business

2100 E ROBINSON ST
ORLANDO FL 32803

Mailing Address

2100 E ROBINSON ST
ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

1129 Hackberry DR
Suite, Apt. #, etc.

1129 Hackberry DR
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FL 32825

City & State

ORLANDO, FL

4. FEI Number

59-362-3870

Applied For

Not Applicable

Zip

Country

32825 U.S.

Zip

Country

32825 U.S.

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

MELENDEZ, DAVID

1129 HACKBERRY DR
ORLANDO FL 32825

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

David Melendez David Melendez CEO/Pres.

4/15/00
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 P ☐ Delete
NAME MELENDEZ, DAVID
STREET ADDRESS 2100 E ROBINSON ST
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☒ Change ☐ Addition
NAME President/CEO - Chief Executive Officer
STREET ADDRESS David Melendez
CITY-ST-ZIP 2100 E. Robinson St
ORLANDO, FL 32803

TITLE VPT ☐ Delete
NAME GAICIA, CARLOS
STREET ADDRESS 2100 E ROBINSON ST
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☒ Change ☐ Addition
NAME VP Chief Information Officer
STREET ADDRESS Carlos Garcia
CITY-ST-ZIP 2100 E. Robinson St
ORLANDO, FL 32803

TITLE VS ☐ Delete
NAME HANI, HANI S
STREET ADDRESS 2100 E ROBINSON ST
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☒ Change ☐ Addition
NAME VP Chief Information Officer
STREET ADDRESS Hani Hani
CITY-ST-ZIP 2100 E. Robinson St
ORLANDO, FL 32803

TITLE V ☐ Delete
NAME DOMER, BILL
STREET ADDRESS 2100 E ROBINSON ST
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☒ Change ☐ Addition
NAME VP of Operations, Chief Information Officer
STREET ADDRESS Bill Domer
CITY-ST-ZIP 2100 E. Robinson St
ORLANDO, FL 32803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)