

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90538 001 *****8.75
04-03-2002 90538 002 ***150.00

DOCUMENT # P00000058845
1. Entity Name
ELITE PARTNERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
817 N 18th STREET
Suite, Apt. #, etc.

3. Mailing Address
817 N 18th Street
Suite, Apt. #, etc.

City & State
KANSAS CITY KANSAS

City & State
KANSAS CITY KANSAS

Zip
66102

Country
USA

Zip
66102

Country
USA

4. FEI Number
05-1017099

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
HECTOR ZAMORA

Street Address (P.O. Box Number is Not Acceptable)
5610 NW 114th PLACE

Unit 109

City
Miami

Zip Code
33178

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

Hector Zamora
(NOTE: Registered Agent signature required when reinstating)

3/22/02
DATE

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

January 1 Day 1 Fee is \$150.00
After Day 1, Fee is \$550.00
Amended UBR is \$81.25
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 PRESIDENT	NAME DENNIS VELASQUEZ	TITLE	
STREET ADDRESS 9009 W 100 TERR	CITY - ST - ZIP OVERLAND PARK KS 66212	NAME	
TITLE VICE PRESIDENT	NAME DAVID VELASQUEZ	TITLE	
STREET ADDRESS 9009 W 100 TERR	CITY - ST - ZIP OVERLAND PARK KS 66212	NAME	
TITLE TREASURER	NAME YVONNE ZAMORA	TITLE	
STREET ADDRESS 2000 W 69th STREET	CITY - ST - ZIP MISSION HILLS KS 66208	NAME	
TITLE SECRETARY	NAME KEITH NICKERSON	TITLE	
STREET ADDRESS 2000 W 69th STREET	CITY - ST - ZIP MISSION HILLS KS 66208	NAME	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY - ST - ZIP	NAME	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY - ST - ZIP	NAME	

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)(f), 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: *Keith Nickerson* **KEITH NICKERSON** **3/22/02** **913-341-7139**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)