FILED Mar 28, 2002 8:00 am

2002 Uniform Business Report (UBR)

DOCUMEN I # P9900075248 1. Entity Name					Secretary of State			
PRESTIG	E PROFESSIONAL MOVERS	CORPORATION			03-28-2002 900	05 007 ***150.	00	
Principal Place of Business 7447 NORTH WEST 57TH STREET TAMARAC FL 33319		Mailing Address 7447 NORTH WEST 57TH STREET TAMARAC FL 33319						
2. Principal Place of Business		3. Mailing Address			()(11 06 [11 1 406) 4 451 0 14 0 14	#1001 Dis 1891	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4	. FEI Number 65-0954229	No	oplied For of Applicable	
Zip 	Country	Zip 	Country		Certificate of Status Desired	\$8.75 Add		
	6. Name and Address of Current F	legistered Agent	Name		Name and Address of New Regis	stered Agent		
PITTER, CARL S				Street Address (P.O. Box Number is Not Acceptable)				
	RTH WEST 57TH STREET	Sileer Address (1.0. Box Number is not Acceptable)			
TAMARAC	C FL 33319		City			FL Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing its	registered office	or registered a	agent, or both, in the State of Florida			
SIGNATURE .								
	Signature, typed or printed name of registered agent ar		: Registered Agent signs		n reinstating)	DATE		
 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 200	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 ke Check Payable to Department of Sta		10. Election Campaign Financ Trust Fund Contribution.	+	0 May Be to Fees	
11.	OFFICERS AND D	DIRECTORS	12		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS	DPTS HENRIQUES, GAVIN M 7447 NORTH WEST 57TH STREE	☐ Delete	TITLE NAME STREET ADDRESS	YUSUF 7447 N	DENT/DIRECTOR N. HENRIQUES NORTH WEST 57th STR	X Change EET	Addition	
CITY-ST-ZIP TITLE	TAMARAC FL 33319 DV	□ Delete	CITY-ST-ZIP		AC, FL 33319 PRESIDENT/SECTRY/DI	R . X Change	☐ Addition	
NAME STREET ADDRESS	HENRIQUES, RUDOLPH J 7447 NORTH WEST 57TH STREE		NAME STREET ADDRESS	RUDOLPH J. HENRIQUES 7447 NORTH WEST 57th STREET				
CITY-ST-ZIP TITLE	TAMARAC FL 33319	☐ Delete	CITY-ST-ZIP		AC, FL 33319 DENT/TREASURER/DIR		Addition	
NAME STREET ADDRESS		e, symmetry of the second	NAME - STREET ADDRESS	GAVIN- 7447 N	M. HENRIQUES - ORTH WEST 57th STRI			
CITY-ST-ZIP			CITY-ST-ZIP	TAMARA	.C, FL 33319	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Griange	Addition	
CITY-ST-ZIP		[7]	CITY-ST-ZIP	 				
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Daytime Phone #