

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/2

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90094 008 \*\*\*150.00

**DOCUMENT # 340009**

1. Entity Name  
**PRESTE CORPORATION**



Principal Place of Business  
**3200 NE 36TH ST  
APT 1518  
FORT LAUDERDALE FL 33308  
US**

Mailing Address  
**3200 NE 36TH ST  
APT 1518  
FORT LAUDERDALE FL 33308  
US**



2. Principal Place of Business  
**404 Briny Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**404 Briny Ave.**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Pompano Beach, Florida**

City & State  
**Pompano Beach, Florida**

4. FEI Number  
**59-1229697**

Applied For  
☐ Not Applicable

Zip  
**33062**

Country  
**U.S.**

Zip  
**33062**

Country  
**U.S.**

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

6. Name and Address of Current Registered Agent

**PRESTE, GEORGE  
3200 N.E. 36TH ST.  
APT. 1518  
FT. LAUDERDALE FL 33308**

7. Name and Address of New Registered Agent

Name **Paul G. Preste**

Street Address (P.O. Box Number is Not Acceptable)

**404 Briny Ave.**

City **Pompano Beach**

FL

Zip Code **33062**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1-30-03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete  
NAME **PRESTE, GEORGE**  
STREET ADDRESS **3200 NE 36TH STREET - APT. 1518**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☒ Addition  
NAME **PAUL G. PRESTE**  
STREET ADDRESS **404 Briny Ave.**  
CITY-ST-ZIP **Pompano Beach, Florida 33062**

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-646-0150**

CR2E034 (10/02)