

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **523229**

1. Entity Name
PRESTIGE COMMODITIES COMPANY

Principal Place of Business
1320 S. DIXIE HWY.
SUITE 845
CORAL GABLES FL 33146
US

Mailing Address
1320 S. DIXIE HWY.
SUITE 845
CORAL GABLES FL 33146

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** Zip **Country**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90007 018 ***150.00

0288480
AV



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1721175** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MORA, OSWALDO J
1840 CORAL WAY, SUITE 402
MIAMI FL 33145

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

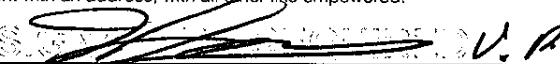
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P SPEZIANI, NORA M	<input type="checkbox"/> Delete	
STREET ADDRESS	15500 S W 73 CT		
CITY-ST-ZIP	MIAMI, FLORIDA 00000		
NAME	V SPEZIANI, HUMBERTO N	<input type="checkbox"/> Delete	
STREET ADDRESS	15500 S W 73 CT		
CITY-ST-ZIP	MIAMI, FLORIDA 00000		
NAME	V SPEZIANI, GINETTA	<input type="checkbox"/> Delete	
STREET ADDRESS	15500 S W 73 CT		
CITY-ST-ZIP	MIAMI FL		
NAME	D SPEZIANI, HUMBERTO M.	<input type="checkbox"/> Delete	
STREET ADDRESS	431 BIANCA AVE.		
CITY-ST-ZIP	CORAL GABLES FL		
NAME	D SPEZIANI, FIORELLA	<input type="checkbox"/> Delete	
STREET ADDRESS	15500 S W 73 CT		
CITY-ST-ZIP	MIAMI FL		
NAME		<input type="checkbox"/> Delete	
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:  V.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02 305-665-9568
Daytime Phone #

CR2E034 (9/01)