1700

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am **DOCUMENT # 531898 Secretary of State** 1. Entity Name PRESTIGE PROPERTIES, INC. 02-01-2001 90086 045 ***150.00 Principal Place of Business Mailing Address 2233 N.W. 41ST., STE, 100 2233 N.W. 41 ST., STE, 100 GAINESVILLE FL 32606-3643 GAINESVILLE FL 32606-3643 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4, FEI Number 59-1772559 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEINBERG, MICHAEL L. Street Address (P.O. Box Number is Not Acceptable) 2233 NW 41 STREET, SUITE 100 GAINESVILLE FL 32606 City 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 FILE NOW!!! FEE (S \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Delete TITLE Change ☐ Addition STEINBERG, MICHAEL L NAME NAME STREET ADDRESS 2233 NW 41ST ST STE 100 STREET ADDRESS CITY-ST-ZIP **GAINESVILLE FL** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition STEINBERG, MIRIAM F NAME NAME STREET ADDRESS 2233 NW 41ST ST STE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL** Addition TITLE TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Celete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS 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.