

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A 33411**

1. Entity Name

AEGIS HOLDINGS, LTD

FILED

01 MAY -4 PM 12:15

Principal Place of Business Mailing Address
248 NE 59th STREET 248 NE 59th STREET
MIAMI, FL 33137 MIAMI FL 33137

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0351362

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL GREGORY
248 NE 59 STREET
MIAMI FL 33137

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. Capital Contributions as Shown on record.

10. Amount of Capital Contributions in FLORIDA to date.

NONE

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **L 54001**
 NAME **PRESTIGE GROUP INTERNATIONAL, INC**
 STREET ADDRESS **1002 NE 116 ST**
 CITY-ST-ZIP **MIAMI FL 33168**

STREET ADDRESS **248 NE 59 STREET**
 CITY-ST-ZIP **MIAMI FL 33137**

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS **500004338335--0**
 CITY-ST-ZIP **-06/01/01--01080--020**
*****141.25 ***141.25**

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STREET ADDRESS
 CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/01

(305) 892-8936

Date

Daytime Phone #

CR2F003 (11/00)