

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90034 011 \*\*\*150.00

0213600 AV

**DOCUMENT # H04946**

1. Entity Name

**PRESTIGE OF AMERICA, INC.**

Principal Place of Business

Mailing Address

**717 PONCE DE LEON BLVD.  
SUITE 204  
CORAL GABLES FL 33134****717 PONCE DE LEON BLVD.  
SUITE 204  
CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0302392**

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

**FELDMAN, ERIC B.  
717 PONCE DE LEON BLVD.  
SUITE 204  
CORAL GABLES FL 33134**

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.  
(See criteria on back) ☐**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                        | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-----------------------------|----------------|-------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       | <b>PD</b>                   |                |             |                                 |       |      |                |             |                                 |                                   |
|       | <b>MADSEN, MICHAEL</b>      |                |             |                                 |       |      |                |             |                                 |                                   |
|       | <b>BRASSERIE NATIONALE</b>  |                |             |                                 |       |      |                |             |                                 |                                   |
|       | <b>PT. AU PRINCE, HAITI</b> |                |             |                                 |       |      |                |             |                                 |                                   |
|       | <b>VD</b>                   |                |             |                                 |       |      |                |             |                                 |                                   |
|       | <b>CHAPMAN, ALVIN</b>       |                |             |                                 |       |      |                |             |                                 |                                   |
|       | <b>17 TANGERINE PLACE</b>   |                |             |                                 |       |      |                |             |                                 |                                   |
|       | <b>KINGSTON 10, JAMAICA</b> |                |             |                                 |       |      |                |             |                                 |                                   |
|       | <b>TD</b>                   |                |             |                                 |       |      |                |             |                                 |                                   |
|       | <b>MADSEN, PATRICK</b>      |                |             |                                 |       |      |                |             |                                 |                                   |
|       | <b>BRASSERIE NATIONALE</b>  |                |             |                                 |       |      |                |             |                                 |                                   |
|       | <b>PT. AU PRINCE, HAITI</b> |                |             |                                 |       |      |                |             |                                 |                                   |
|       | <b>SD</b>                   |                |             |                                 |       |      |                |             |                                 |                                   |
|       | <b>MOORE, DON</b>           |                |             |                                 |       |      |                |             |                                 |                                   |
|       | <b>12945 NEVADA ST.</b>     |                |             |                                 |       |      |                |             |                                 |                                   |
|       | <b>CORAL GABLES FL</b>      |                |             |                                 |       |      |                |             |                                 |                                   |
|       |                             |                |             |                                 |       |      |                |             |                                 |                                   |
|       |                             |                |             |                                 |       |      |                |             |                                 |                                   |
|       |                             |                |             |                                 |       |      |                |             |                                 |                                   |
|       |                             |                |             |                                 |       |      |                |             |                                 |                                   |
|       |                             |                |             |                                 |       |      |                |             |                                 |                                   |
|       |                             |                |             |                                 |       |      |                |             |                                 |                                   |

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 an other like empowered.

**SIGNATURE:****SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)