

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90206 029 ***150.00

DOCUMENT # H35970

1. Entity Name
PRESTIGE REALTY, INC. #4



Principal Place of Business
**6790 TAFT ST
HOLLYWOOD FL 33024
US**

Mailing Address
**6790 TAFT STREET
HOLLYWOOD FL 33024**



2. Principal Place of Business
10541 NW 22nd St
Suite, Apt. #, etc.

3. Mailing Address
10541 NW 22nd Street
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Pembroke Pines, FL
Zip
33026
Country
Broward

City & State
Pembroke Pines, FL
Zip
33026
Country
Broward

4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MITCHELL, LEO
6790 TAFT STREET
HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
NA
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Leo Mitchell** **Change of address only** **1/16/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MITCHELL, LEO**
STREET ADDRESS **6790 TAFT STREET**
CITY-ST-ZIP **HOLLYWOOD FL**

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

TITLE ☐ Delete
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 1.19.07(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: **Leo Mitchell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03 **431.0592**
Date Daytime Phone #

CR2E034 (10/02)