2004	2 UNI	FORM BUSIN	NESS REPO	RT	(UBR	k)	•	I	FILE	D	0	02715
DOCU				Apr 24, 2002 8:00 am Secretary of State								
PRESTIG	E BOUQ	UET II, INC.						04-24-200	2 90283 04	7 ***150	0.00	~
Principal Place of Business 9450 NW 12TH ST MIAMI FL 33172			Mailing Address 9450 NW 12TH ST MIAMI FL 33172				I 1 8818 16	BAO BINN BOIGH AIRE	18181 1881 3 (8)8 3) 1	in ala n ala n a) 1841 1861 1881	
2. Principal P	Place of Busin	ness	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4	. FEI Number	65-009553	<u> </u>		plied For	
Zip Country			Zip	try	5	5. Certificate of Status Desired \$8.75 Additions						
	6. Name and Address of Current Regist			stered Agent			7. Name and Address of New Registered Agent					
	O. Ivaine	and Address of Correin No	gistered Agent		Name	•	. Name and F	Addition of their	registeres A	your		
	S, SUE ANI	N			Street Ac	idress (P.C	. Box Number	is Not Acceptat	ole)			
9450 NW MIAMI FL												Ì
1110 4111 F					City				FL	Zip Cod	e)
8. The above	named entit	y submits this statement for th	ne purpose of changing its	register	l ed office or	registered	agent, or both	, in the State of F				
SIGNATURE.	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE	: Registere	d Agent signatur	re required whe	n reinstating)		DATE			ĺ
9. Thie corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! After May 1, 2002					will be \$5	50.00	1	tion Campaign F t Fund Contribut			0 May Be	
(See criter	ria on back)	OFFICERS AND DI	Make Check Payab	le to Do	epartment		ADDITIONS /C	HANGES TO OF	EICERS AND	DIBECTOR	S INI 11	
TITLE	PD	OFFICERS AND DI	□ Delete	TITL	E		·	INITARIALE TO OF		☐ Change	Addition	<u>6</u>
NAME STREET ADDRESS CITY-ST-ZÎP		S, SUE ANN 128TH AVE			E EET ADDRES\$ -ST-ZIP							CR2E034 (9/01)
TITLE	STD		☐ Delete	TITL						☐ Change	☐ Addition	8
NAME STREET ADDRESS		s, george /iew terrace		NAM STRE	E ADDRESS							
CITY-ST-ZIP	HAWTHO			CITY	-ST-ZIP		. .	-				ı
TITLE NAME			☐ Delete	TITLI						☐ Change	Addition	ı
STREET ADDRESS					ET ADDRESS							ı
CITY-ST-ZIP		···	☐ Delete	TITL						Change	☐ Addition	ı
NAME			LI Delete	NAM	E							
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP				•			ı
TITLE			☐ Delete	TITLI						☐ Change	☐ Addition	
NAME STREET ADDRESS				NAM STRE	E Et address							
CITY-ST-ZIP				-	-ST-ZIP					["] Char	☐ Addition	
TITLE NAME			☐ Delete	NAM						Change	□ Audition	
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS - ST-ZIP							•
indicated of the cor	on this reporation or the	e information supplied with th rt or supplemental report is tr ne receiver or trustee empow achment with an address, with	ue and accurate and that need to execute this report	nv siana	ture shall ha	ive the sam	ie legal effect	as if made unde	r oath: that I ar	n an officer	or director	ı

SIGNATURE: SIGNATURE AND TYPED OR PRINTED