

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K93737

1. Entity Name

PROST, INC.

Principal Place of Business

247 SW 3RD AVENUE
2410 N E 33RD ST.
FORT LAUDERDALE FL 33312
US

Mailing Address

% JUDITH SELESNICK
2410 N E 33RD ST.
LIGHTHOUSE POINT FL 33064
144 Cove Rd
West Palm Beach, FL 33413

FILED

01 OCT 15 PM 5:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0126414

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELESNICK, JUDITH

2410 N E 33RD ST.

LIGHTHOUSE POINT FL FL 33064

NEW ADDRESS

144 Cove Rd
West Palm Beach, FL 33413

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SELESNICK, JUDY	
STREET ADDRESS	2410 N E 33RD ST.	
CITY-ST-ZIP	LIGHTHOUSE PT. FL 33413	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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)(l), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/2001 561-439-7586

Date

Daytime Phone #

CP-2001 (11/01)

ALC

Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

October 11, 2001

Prost Inc.
Judith Selesnick
144 Cove Rd.
West Palm Beach, FL 33413

To whom it may concern,

Since June 2001, I have been very ill. I had Open-heart Surgery done on Sept, 18, 2001. The Surgeons name is Dr. Carl Gill, Broward General Hospital, Ft, Lauderdale, FL.

All mail was pretty much unattended, during this period.

Could you please be kind enough, due to these circumstances, waive the late fees and keep Prost Inc. active.

Sincerely,

Judith Selesnick

