

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90458 017 ***158.75

DOCUMENT # L29787

1. Entity Name
PRESTA I, INC.

Principal Place of Business Mailing Address
1400 E. NEWPORT CENTER, SUITE 209 **1400 E. NEWPORT CENTER, SUITE 209**
DEERFIELD BEACH FL 33442 **DEERFIELD BEACH FL 33442-7713**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1350 E. Newport Center **PO BOX 4219**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 206
 City & State City & State
Deerfield Beach, FL **Deerfield Beach, FL**
 Zip Zip Country Country
33442 **33442-4219** **USA** **USA**

4. FEI Number **65-0175461** Applied For
 Not Applicable
 5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KAY, JAMES R P.A.
777 SO FLAGLER DR EAST TOWER
SUITE 900
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State 10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REIBLING, LORENZ		NAME		
STREET ADDRESS	1400 E NEWPORT CNTR DR., STE 209		STREET ADDRESS	1350 E. Newport Center Dr. Ste 206	
CITY-ST-ZIP	DEERFIELD BCH FL 33442		CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REIBLING, GUENTHER		NAME		
STREET ADDRESS	1400 E. NEWPORT CNTR DR., STE 20		STREET ADDRESS	1350 E. Newport Center Dr. Ste 206	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RILEY, RODNEY A		NAME		
STREET ADDRESS	100 S ORANGE AVE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP		
TITLE	VPAS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KASSOF, LINDA G		NAME		
STREET ADDRESS	1400 E NEWPORT CENTER DR		STREET ADDRESS	1350 E. Newport Center Dr. Ste 206	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442		CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 all other like empowered.

SIGNATURE: Linda G. Kassof **Linda G. Kassof** **4/27/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)