2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State **DOCUMENT # L29787** 1. Entity Name PRESTA I. INC. 05-11-2001 90461 026 ***158.75 7 Principal Place of Business Mailing Address 1350 E NEWPORT CENTER PO BOX 4219 STE 206 DEERFIELD BEACH FL 33442-4219 しりりりょうごう DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0175461 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAY, JAMES R P.A. Street Address (P.O. Box Number is Not Acceptable) 777 SO FLAGLER DR EAST TOWER SUITE 900 WEST PALM BEACH FL 33401 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD Delete TITLE Change ☐ Addition NAME REIBLING, LORENZ NAME STREET ADDRESS STREET ADDRESS 1350 E NEWPORT CENTER DR STE 206 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL 33442 TITLE **VSTD** ☐ Delete TITLE ☐ Addition ☐ Change NAME REIBLING, GUENTHER NAME STREET ADDRESS STREET ADDRESS 1350 E NEWPORT CENTER DR STE 206 CITY-ST-ZIP CITY-ST-7IP DEERFIELD BEACH FL 33442 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RILEY, RODNEY A NAME STREET ADDRESS 100 S ORANGE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 TITLE VPAS ☐ Delete TITLE ☐ Addition NAME KASSOF, LINDA G NAME STREET ADDRESS 1350 E NEWPORT CENTER DRIVE STE 206 STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP DEERFIELD BEACH FL 33442 TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 attackment with an address, with all other like empowered.