

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 131374

1. Entity Name
Prestige Linen Service

FILED

00 MAR 10 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**13847 SW 139 CT
MIAMI FL 33186
BAY # 5**

Mailing Address
**13847 SW 139 CT
MIAMI, FL 33186
BAY # 5**

2. Principal Place of Business
955 SW 8 ST
Suite, Apt. #, etc.

3. Mailing Address
955 SW 8 ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FL
Zip
33130

Country
U.S.A

City & State
MIAMI, FL
Zip
33130

Country
U.S.A

4. FEI Number
65-0173681

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Ramon RODRIGUEZ
3976 SW 143 CT
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name **RAMON RODRIGUEZ**
Street Address (P.O. Box Number is Not Acceptable)
14212 SW 52 ST
City **MIAMI** FL Zip Code **33175**

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

03-08-00

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

ii. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VPS	MARIA RODRIGUEZ	3976 SW 143 CT	MIAMI, FL 33175	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
SECRETARY-TREASURER	MAXIMINO SANCHEZ	1340 SW 65 AVE	MIAMI, FL 33144	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-08-00 (305) 285-0023

Date

Daytime Phone #

CR2E034 (9/99)