## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # M68292 Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** PRESTIGE DUTY-FREE ENTERPRISES, INC. 01-20-2000 90222 031 \*\*\*158.75 Mailing Address Principal Place of Business 7270 N.W. 12 ST. SUITE 760 7270 N.W. 12 ST. SUITE 760 MIAMI FL 33126 MIAMI FL 33126-1929 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0031514 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TENEBAUM, LEON Street Address (P.O. Box Number is Not Acceptable) 5371 NORTH BAY ROAD MIAMI FL 33140 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition Delete TITLE TENENBAUM, LEON NAME STREET ADDRESS 7270 NW 12TH ST, STE 260 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** Change TITLE Addition Delete TITLE ALVAREZ-RENTA, LUIS NAME NAME STREET ADDRESS 7270 NW 12TH STREET, STE 260 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33126 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

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