

2001 UNIFORM BUSINESS REPORT (UBR)

09-14-2001 90026 035 ***150.00
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DOCUMENT # P00000028685

1. Entity Name

PRESTIGE PAYMENT CENTER, INC.

FILED

01 SEP 28 PM 4:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

2081 DIXIE HIGHWAY
POMPANO BEACH FL 33060

Mailing Address

2081 DIXIE HIGHWAY
POMPANO BEACH FL 33060



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0994057

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, STAN

1900 COMMERCIAL BLVD., #101
TAMARAC FL 33319

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 \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
MILES E. WALKER
2081 N. DIXIE HWY
POMPANO BEACH, FL 33060

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
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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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-01 (954) 942-6824

Date

Daytime Phone #

CR2E034 (5/01)

PRESTIGE PAYMENT CENTER, INC.
2081 N. DIXIE HWY
POMPANO BEACH
FLORIDA 33060

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Fl 32302-1500

September 10, 2001

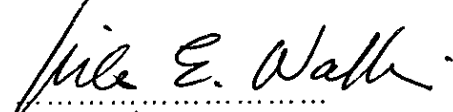
RE: 2001 Uniform Business Report

Dear Sirs,

Please find attached report for Prestige Payment Center. We did not receive the report sent to us previously. As per your instructions, we are enclosing our check for \$150.00.

Thank you for your kind consideration in this matter.

Miles E. Walker


.....
President