

2001 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 23, 2001 8:00 am
Secretary of State

04-14-2001 90014 006 ***150.00

DOCUMENT # P00000060519

1. Entity Name

PRESTIGE CAREER CONSULTANTS, INC.

Principal Place of Business

**18470 NORTHEAST 30TH PLACE
 AVENTURA FL 33160**

Mailing Address

**18470 NORTHEAST 30TH PLACE
 AVENTURA FL 33160**

2. Principal Place of Business

18470 NE 30th Place
 Suite, Apt. #, etc.

3. Mailing Address

18470 NE 30th Pl
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Aventura FL

Zip **33160** Country

City & State

Aventura FL

Zip **33160** Country

4. FEI Number

105-1018739

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

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 \$150.00
After MAY 1, 2001 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**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PIERRE, JEAN E	
STREET ADDRESS	18470 NORTHEAST 30TH PLACE	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ANDIA, MARIECELY	
STREET ADDRESS	18470 NORTHEAST 30TH PLACE	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HINSHAW, LINDA S	
STREET ADDRESS	18470 NORTHEAST 30TH PLACE	
CITY-ST-ZIP	AVENTURA FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)