

2002 UNIFORM BUSINESS REPORT (UBR)

0300115 AV

DOCUMENT # P01000071071

1. Entity Name
PROSPERITY PLUS!, INC.

FILED

02 DEC 10 PM 12:35

Principal Place of Business

13550 SW 88 ST.
SUITE #130
MIAMI FL 33186

Mailing Address

16794 SW 88 ST
#301
MIAMI FL 33196

STATE OF FLORIDA
11/17/2002 12:00:00 PM **750.00



2. Principal Place of Business

8180 NW 36 ST
Suite, Apt. #, etc.
SUITE 101

3. Mailing Address

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State

Zip
33166

Country
USA

Zip

Country

4. FEI Number

Applied For

Not Applicable

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

SIBBICK, DAVID J
16794 SW 88 ST
#301
MIAMI, FL FL 33196

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

DAVID J. SIBBICK President

11/19/2002

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change

☐ Addition

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:

DAVID J. SIBBICK

12/7/2002 305.385.5250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)