5/15/2002-90086-006-$150.00-$150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000109264

1. Entity Name: Prestigious Investors of Miami, Inc. ✓

FILED
02 MAY 31 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1750 W. 46 st	1750 W. 46 st.
Suite, Apt. #, etc. # 438	Suite, Apt. #, etc. # 438
City & State: Higleah, Fla.	City & State: Higleah, Fla.
Zip: 33012 Country: U.S.	Zip: 33012 Country: U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☑ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Miriam Llorca

Street Address (P.O. Box Number is Not Acceptable): 8132 NW 164 terr.

City: Miami FL Zip Code: 33015

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: X Miriam Llorca — 4-30-02
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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	President
NAME	Miriam Llorca
STREET ADDRESS	8132 NW 164 terr.
CITY-ST-ZIP	Miami, Fla. 33015
TITLE	Vice-President.
NAME	Thelma A. Brifol
STREET ADDRESS	1760 W. 46 st. # 438
CITY-ST-ZIP	Higleah, Fla. 33012

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Miriam Llorca — 4-30-02 — (786)306-1207
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #