

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

01-23-2003 90204 047 ***150.00

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1. Entity Name
PRESTIGE FINE PAPER PRODUCTS, INC.



Principal Place of Business
8350 NW 52ND TERRACE SUITE 407
MIAMI FL 33166

Mailing Address
8350 NW 52ND TERRACE SUITE 407
MIAMI FL 33166



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
8350 NW 52 Terrace
Suite, Apt., etc.
Suite 407

3. Mailing Address
8350 NW 52 Terrace
Suite, Apt. #, etc.
Suite 407

City & State
Miami Florida

City & State
Miami Florida

Zip
33166
Country

Zip
33166
Country

4. FEL Number
42-1538136

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ, WILFREDO
8350 NW 52ND TERRACE SUITE 407
MIAMI FL 33166

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Wilfredo Hernandez
8350 NW 52 Terr. Suite 407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Miami, Florida

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wilfredo Hernandez 11/24/03
DATE: (305) 718-8818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)