FILED
May 22, 2001 8:00 am
Secretary of State
04-06-2001 90022 033 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P11383

1. Entity Name
PREST PROPERTIES N.V. INC.

Principal Place of Business	Mailing Address
522 VITTOYA AVE. CORAL GABLES FL 33146 US	PO BOX 140103 CORAL GABLES FL 33114 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2000 Towerside Terrace	2000 Towerside Terrace
Suite, Apt. #, etc.: Apt 1201	Suite, Apt. #, etc.: Apt 1201
City & State: Miami, FL	City & State: Miami, FL
Zip: 33138 Country: USA	Zip: 33138 Country: USA

4. FEI Number 98-0054980 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CIOC, ERICA
522 VITTOMA AVE
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name: Odette Essenfeld
Street Address (P.O. Box Number is Not Acceptable): 2000 Towerside Terrace, Apt 1201
Towers of Quaysido
City: Miami FL Zip Code: 33138

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: Erica Cioc Odette Essenfeld DATE: 03/30/01
Signature, director or officer (if listed) or authorized agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
Erica CIOC, current registered agent

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ESSENFELD, ERVIN 522 VITTOMA AVE. CORAL GABLES FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ESSENFELD, ODETTE 522 VITTOMA AVE. CORAL GABLES FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Addition

Following your telephone instructions, since I do not live in the United States and I do not have at this moment another report I did cross the old signature and then signed on the side.
Thanks.
Odette Essenfeld

13. I hereby certify that the information supplied with this filing does not qualify for the exemp... indicated on this report or supplemental report is true and accurate and that my signatur... of the corporation or the receiver or trustee empowered to execute this report as required ... changed, or on an attachment with an address, with all other like empowered. ... Information ... or director ... Block 12 if

SIGNATURE: Odette Essenfeld DATE: 03/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR

CR2E084 (10/00)