

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000015165

1. Entity Name

PRINCE I DEAL TRANSMISSION, CORP.

FILED

Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90002 001 ***150.00

0121570

Principal Place of Business

Mailing Address

13680 NW 19 SE.
BAY #6
OPALOKA FL 33054
US

Please
Change

13680 NW 19 SE
BAY #6
OPALOCKA FL 33054
US

C0022110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

13640 NW 19 Ave

13640 NW 19 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay #7

Bay #7

City & State

City & State

Opalocka FL 33054

Opalocka, FL

Zip

Country

Zip

Country

33054

US

33054

US

4. FEI Number

65-0470334

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

PRINCE, ELLIOTT JR.
~~13680 NW 19 SE~~
~~BAY #6~~
~~MIAMI FL 33054~~

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

Elliot Prince Jr

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/01

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 PRINCE, ELLIOTT JR. 1748 N.W. 89TH TERRACE MIAMI FL 33147	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.

SIGNATURE:

Elliot Prince Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 769 2153

CR2E034 (10/00)