

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075699

1. Entity Name

PRESTIGE INTERNATIONAL REALTY CORP.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90084 017 ***150.00

Principal Place of Business

1111 N WESTSHORE BLVD
SUITE 212
TAMPA FL 33607

Mailing Address

1111 N WESTSHORE BLVD
SUITE 212
TAMPA FL 33607

2. Principal Place of Business

3825 Henderson Blvd.

Suite, Apt. #, etc.

Suite 400

City & State

Tampa, FL

Zip

33629

Country

USA

3. Mailing Address

3825 Henderson Blvd.

Suite, Apt. #, etc.

Suite 400

City & State

Tampa, FL

Zip

33629

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

54-1500357

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

Name

Street Address (P.O. Box Number is Not Acceptable)

3825 Henderson Blvd. Suite 400

5

City Tampa

FL

Zip Code
33629

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

Marjorie A. Koutroubis

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, 2000 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

TITLE	D	<input type="checkbox"/> Delete
NAME	KOUTROUBIS, MARJORIE A	
STREET ADDRESS	1111 N. WESTSHORE BLVD., STE 212	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICCI, REMO R	
STREET ADDRESS	1111 N WESTSHORE BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Koutroubis, Marjorie A	
STREET ADDRESS	3825 Henderson Blvd., Suite 400	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nora Scandella	
STREET ADDRESS	3825 Henderson Blvd.; Suite 400	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Marjorie A. Koutroubis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #