## **2000 UNIFORM BUSINESS REPORT (UBR)**

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Jan 24, 2000 8:00 am Secretary of State DOCUMENT # P95000094113 1. Entity Name PRESTIGE CREDIT CORPORATION 01-24-2000 90031 021 \*\*\*150.00 Principal Place of Business Mailing Address 1031 EAST 49 STREET 1031 EAST 49 STREET HIALEAH FL 33013 HIALEAH FL 33013-2135 2. Principal Place of Business 3. Mailing Address treet Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number ty & State 65-0626013 HIPLEN tiMe M Not Applicable Zip 330 (ク Country \$8.75 Additional 5. Certificate of Status Desired 33013 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name URRA, BENJI Street Address (P.O. Box Number is Not Acceptable) **1031 EAST 49 STREET** HIALEAH FL 33013 City Zip Code /3 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD ☐ Delete ☐ Addition TITLE TITLE URRA, BENJI NAME NAME STREET ADDRESS STREET ADDRESS 1861 S.W. 133 AVENUE CITY-ST-ZIP CITY-ST-ZIE MIRAMAR FL 33127 STD ☐ Change ☐ Addition ☐ Delete TITLE TITLE URRA, GLADYS NAME NAME STREET ADDRESS STREET ADDRESS 648 EAST 56 STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33013 Change -- Addition . - Delete TITLE TITLE NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-7IP Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP 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.

h 1/17/0