

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90048 016 ***150.00

DOCUMENT # P96000013408

1. Entity Name
PRESTIGE ELECTRONICS, INC.

Principal Place of Business
7500 NW 25 ST
UNIT 1
MIAMI FL 33182

Mailing Address
7500 NW 25 ST
UNIT 1
MIAMI FL 33182



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number **65-0654654**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

BAYON, SEBASTIAN
12270 SW 4 TERRACE
MIAMI FL 33184

Name

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

6431 S.W. 94 AVE

City **Miami**

FL

Zip Code **33173**

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: *[Signature]*
 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, 2002 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	P	<input checked="" type="checkbox"/> Delete
NAME	COLLARTE, CARLOS	
STREET ADDRESS	245 SE 1 ST #403	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BAYON, SEBASTIAN	
STREET ADDRESS	12270 SW 4 TERR	
CITY-ST-ZIP	MIAMI FL 32184	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DE GODOY, DANIEL	
STREET ADDRESS	13000 SW 69 CT	
CITY-ST-ZIP	PINECREST FL 33156	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DE GODOY, OFELIA	
STREET ADDRESS	13000 SW 69 CT	
CITY-ST-ZIP	PINECREST FL 33186	
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"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAIRA BAYON	
STREET ADDRESS	6431 SW 94 AVE	
CITY-ST-ZIP	Miami FL 33173	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6431 SW 94 AVE	
STREET ADDRESS	MIAMI, FL, 33173	
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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02
305-463 0113
 Date Daytime Phone #

CR2E034 (9/01)