

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003478

1. Entity Name

PRESTIGE DISTRIBUTORS, INC.

FILED

Mar 15, 2000 8:00 am  
Secretary of State

03-15-2000 90035 018 \*\*\*150.00

Principal Place of Business

7500 NW 25TH ST #106  
MIAMI FL 33122  
US

Mailing Address

12270 S.W. 4 TERRACE  
MIAMI FL 33184-1540

2. Principal Place of Business

7500 N.W. 25 ST.

3. Mailing Address

7500 NW 25 ST

Suite, Apt. #, etc.

UNIT 1

Suite, Apt. #, etc.

UNIT 1

City & State

MIAMI FLA

City & State

MIAMI FLA

Zip

33122

Country

MIAMI-DADE

Zip

33122

Country

A

4. FEI Number

65-0737669

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

BAYON, SEBASTIAN  
12270 S.W. 4 TERRACE  
MIAMI FL 33184

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS BAYON, SEBASTIAN  
CITY-ST-ZIP 12270 S.W. 4 TERRACE  
MIAMI FL 33184

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME S  
STREET ADDRESS DE GODOY, C DANIEL  
CITY-ST-ZIP 901 NW 128TH PL  
MIAMI FL 33182

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 13000 S.W. 69 CT  
CITY-ST-ZIP PINECREST FLA 33156

TITLE ☐ Delete  
NAME MARCO DALCOMUNE  
STREET ADDRESS 325 IVES DAIRY #9  
CITY-ST-ZIP MIAMI FL 33160

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 13000 SW 69 CT  
CITY-ST-ZIP PINECREST FLA 33156

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SEBASTIAN BAYON

3/10/00

305-443-0113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)