

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000009762

1. Entity Name

PRESTIGE SPECIALTY TRANSPORT, INC.

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90058 044 ***150.00

Principal Place of Business

Mailing Address

Now Address

9999 Summerbreeze Dr #616
Sunrise FL 33322

Same



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9999 Summer breeze Dr.

3. Mailing Address

9999 Summer breeze Dr.

Suite, Apt. #, etc.

616

Suite, Apt. #, etc.

616

City & State

Sunrise FL

City & State

Sunrise FL

4. FEI Number

65-0722374

Applied For

Not Applicable

Zip

33322

Country

USA

Zip

33322

Country

US

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

HERNANDEZ, ALBERT JR

2213 NW 139 Ave

Sunrise FL 33322

Name

Hernandez, Joseph

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

9999 Summerbreeze Dr #616

City

Sunrise

FL

Zip Code

33322

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

Albert Hernandez Jr

4-29-00

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 NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, ALBERT JR 260 NW 35 ST OAKLAND PARK FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, JOSEPH A 260 NW 35 ST OAKLAND PARK FL 33309	<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	D Hernandez, Albert Jr 2213 NW 139 Ave Sunrise FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hernandez, Joseph A. 9999 Summerbreeze Dr. #616 Sunrise FL 33322	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address, with all other like empowered.

SIGNATURE:

Albert Hernandez Jr

4-29-00

Date

954 566 9620

Daytime Phone #

CR2E034 (9/99)