

2001 UNIFORM BUSINESS REPORT (UBR)

3.

FILED
Apr 04, 2001 8:00 am
Secretary of State

03-19-2001 90485 019 ***158.75

DOCUMENT # P97000032955

1. Entity Name

PRESTIGE PROVIDERS SERVICES, INC

Handwritten initials/signature

Principal Place of Business 5901 NW 151 ST. 105B MIAMI FL 33014	Mailing Address 5901 NW 151 ST. 105B MIAMI FL 33014
--	--

2. Principal Place of Business 6187 NW 167 St	3. Mailing Address 6187 NW 167 St
---	---

Suite, Apt. #, etc. Unit H-15	Suite, Apt. #, etc. Unit H-15
---	---

City & State Hialeah, Fl.	City & State Hialeah, Fl.
-------------------------------------	-------------------------------------

Zip 33015	Country USA	Zip 33015	Country USA
---------------------	-----------------------	---------------------	-----------------------

4. FEI Number 65-0743685	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------



DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

DIAZ, NATIVIDAD
20031 N.W. 63RD COURT
MIAMI FL 33015

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, N 20031 NW 63 CT MIAMI FL-33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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: *Natividad Diaz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/28/01 (305) 825-0889**
 Daytime Phone #

CR2E034 (10/00)