


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91835 030 \*\*\*150.00

<b>DOCUMENT # P97000032955</b>	
1. Entity Name <b>PRESTIGE PROVIDERS SERVICES, INC</b>	

Principal Place of Business <b>6187 NW 167 ST UNIT H 15 HIALEAH, FL 33015</b>	Mailing Address <b>6187 NW 167 ST UNIT H 15 HIALEAH, FL 33015</b>
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2. Principal Place of Business <b>18520 NW 67 Ave</b> Suite, Apt. #, etc. <b>165</b>	3. Mailing Address <b>18520 NW 67 Ave</b> Suite, Apt. #, etc. <b>165</b>
City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33015</b> Country <b>USA</b>	Zip <b>33015</b> Country <b>USA</b>



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0743685</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>DIAZ, NATIVIDAD 20031 N.W. 63RD COURT MIAMI, FL 33015</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when withdrawing) DATE \_\_\_\_\_

FILED NOW: FEE IS \$150.00 After May 1, 2003 Fee will be \$850.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, N 20031 NW 63 CT MIAMI, FL 33015 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Natividad Diaz 4/29/03 (305) 625-6493  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #

CR20034 (10/02)