

**2001
2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000048211

1. Entity Name

PRESTIGE COURIER & MEDICAL SERVICES CORP

Principal Place of Business

**152 SW 179 TERR
MIAMI, FL 33187**

Mailing Address

**152 SW 179 TERR
MIAMI, FL 33187**

2. Principal Place of Business

15248 SW 179 TERR

3. Mailing Address

15248 SW 179 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0759989

Applied For

Not Applicable

Zip

Country

Zip

Country

33187

33187

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SUSANA MENDEZ
15248 SW 179 TERR
MIAMI, FL 33187**

7. Name and Address of New Registered Agent

Name

SUSANA MENDEZ

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

15248 SW 179 TERR

City

MIAMI,

FL

Zip Code

33187

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

3/7/01

**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

TITLE ☐ Delete
NAME DIRECTOR
STREET ADDRESS SUSANA MENDEZ
CITY-ST-ZIP 15248 SW 179 TERR
MIAMI, FL 33187

TITLE ☐ Delete
NAME DIRECTOR
STREET ADDRESS JOSE RIOPEDRE
CITY-ST-ZIP 15248 SW 179 TERR
MIAMI, FL 33187

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME DIRECTOR
STREET ADDRESS SUSANA MENDEZ
CITY-ST-ZIP 15248 SW 179 TERR
MIAMI, FL 33187

TITLE ☐ Change ☐ Addition
NAME DIRECTOR
STREET ADDRESS JOSE RIOPEDRE
CITY-ST-ZIP 15248 SW 179 TERR
MIAMI, FL 33187

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

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

TITLE ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/01

CR2E034 (9/99)