From : HOZ&CO PHONE No. : 305 889 2910

FILED
May 27, 2002 8:00 am
Secretary of State
05-27-2002 90445 044 ***150.00

2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000048211 ✓

1. Entity Name
PRESTIGE COURIER & MEDICAL SERVICES CORP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15760 SW 98 STREET
Street, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33196 Country:

3. Mailing Address
15760 SW 98 STREET
Street, Apt. #, etc.
City & State: MIAMI, FL
Zip: 33196 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0759989 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Name: SUSANA MENDEZ
Street Address (P.O. Box Number Not Acceptable): 15760 SW 98 STREET
City: MIAMI FL Zip Code: 33196

DO NOT WRITE IN THIS SPACE

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] SUSANA MENDEZ 4-20-02 DATE
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandated)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ✓

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

11.
TITLE: DIRECTOR
NAME: SUSANA MENDEZ
STREET ADDRESS: 15760 SW 98 STREET
CITY-ST-ZIP: MIAMI, FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP: 15760 SW 98 ST MIAMI FL 33196

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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 informa
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 dire
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 on

[signature] 305-412-2952 4/20/02