

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000055410****FILED**
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90242 037 ***150.00

1. Entity Name
PRESTIGE CONSTRUCTION OF SOUTH FLORIDA, INC.**B0026614**

DO NOT WRITE IN THIS SPACE

Principal Place of Business
4398 NW 31ST AVE.
OAKLAND PARK FL 33309**Mailing Address**
4398 NW 31ST AVE.
OAKLAND PARK FL 33309-4206**2. Principal Place of Business**
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.**City & State****City & State****4. FEI Number** **65-0766206**
☐ **Applied For**
☐ **Not Applicable****Zip** **Country****Zip** **Country****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****SPADAVECCHIA, JOHN JR.**
4398 NW 31ST AVE.
OAKLAND PARK FL 33309**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** _____ 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	<input type="checkbox"/> Delete
	DP	SPADAVECCHIA, JOHN JR.	4398 NW 31ST AVE.	
		OAKLAND PARK FL 33309		

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:** _____ **DATE:** 2/14/00 **Daytime Phone #** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)