

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **97000085182**
 1. Entity Name
Prestige Properties Group, Inc. ✓

FILED
May 14, 2001 8:00 am
Secretary of State
 05-14-2001 90251 019 ***150.00

Principal Place of Business Mailing Address
3511 Riviera Dr.
C. Gables, Fl. 33134

A0065882

2. Principal Place of Business 3. Mailing Address
3511 Riviera Dr.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

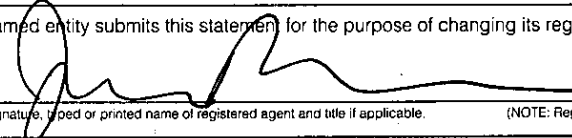
DO NOT WRITE IN THIS SPACE

City & State **C. Gables** City & State
 Zip **33134** Country **U.S.A** Zip **33134** Country **USA**

4. FEI Number **65-0792255** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **Coral Gables** FL Zip Code **33134**

7. Name and Address of New Registered Agent
 Name **John Barrios**
 Street Address (P.O. Box Number is Not Acceptable)
 City **Coral Gables** FL Zip Code **33134**

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 **4/24/01**
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. ☐ **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	<input type="checkbox"/> Delete
STREET ADDRESS	John Barrios	
CITY-ST-ZIP	3511 Riviera Dr.	
	C. Gables, Fl. 33134	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	Gladys Barrios	
CITY-ST-ZIP	3511 Riviera Dr.	
	C. Gables, Fl. 33134	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	Jose De Gutierrez	
CITY-ST-ZIP	3511 Riviera Dr.	
	C. Gables, Fl. 33134	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE:  DATE **4/24/01** 305-774-4601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)