

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90030 036 \*\*\*150.00

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DOCUMENT # **P97000085782**

1. Entity Name  
**PRESTIGE PROPERTIES ~~GROUP~~ GROUP INC.**



Principal Place of Business  
**1664 S.W. 9TH ST  
MIAMI FL 33134  
US**

Mailing Address  
**1664 S.W. 9TH ST  
MIAMI FL 33134  
US**

2. Principal Place of Business

3. Mailing Address  
**3511 RIVIERA DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Coral Gables, FL.**

4. FEI Number **65-0792255**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33134**

**U.S.A**

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

**JOHN BARRIAS  
3511 RIVIERA DRIVE  
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOHN M BARRIAS</b>	
STREET ADDRESS	<b>3511 RIVIERA DRIVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOSE DEGOTI, JR</b>	
STREET ADDRESS	<b>3511 RIVIERA DRIVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BARRIOS, MANUEL</b>	
STREET ADDRESS	<b>3511 RIVIERA DRIVE</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**SIGNATURE REQUIRED**  
**JOHN BARRIAS**

**4/15/03**

**305-774-4602**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)