

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90058 047 ***150.00

DOCUMENT # P97000097353

1. Entity Name

PRESTIGE APPLIANCE REPAIR, INC.

Principal Place of Business

Mailing Address

~~4700 NORTH STATE ROAD 7~~
~~SUITE 221~~
~~FT. LAUDERDALE FL 33319~~

~~4700 NORTH STATE ROAD 7~~
~~SUITE 221~~
~~FT. LAUDERDALE FL 33319-5804~~

00013102



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2825 UNIVERSITY DR.
 Suite, Apt. #, etc.
450

2825 UNIVERSITY DR.
 Suite, Apt. #, etc.
450

City & State
CORAL SPRINGS, FL
 Zip
33076
 Country
USA

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CORAL SPRINGS, FL
 Zip
33076
 Country
USA

4. FEI Number

65-0793138

Applied For

Not Applicable

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

GRAND, JOHNNY

~~4700 NORTH STATE ROAD 7~~
~~SUITE 221~~
~~FT. LAUDERDALE FL 33319~~

Name

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

2825 UNIVERSITY DRIVE
#450
CORAL SPRINGS **FL** **33076**

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
D ☐ Delete
 NAME
GRAND, JOHNNY
 STREET ADDRESS
4700 NORTH STATE ROAD 7, STE 221
 CITY-ST-ZIP
FT. LAUDERDALE FL 33319

TITLE
☒ Change ☐ Addition
 NAME
2825 UNIVERSITY DR. #450
 STREET ADDRESS
CORAL SPRINGS, FL 33076
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE
 NAME ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/20/00

954 721 2288