

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~~

LOUISIANA



- DO NOT WRITE IN THIS SPACE -

2. Principal Place of Business

3. Mailing Address

2825 UNIVERSITY DR.

2825 UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

450

450

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

Zip
33076

Country
USA

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 _____ DATE _____
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. (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
D	GRAND, JOHNNY	4700 NORTH STATE ROAD 7, STE 221	FT. LAUDERDALE FL 33319	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		2825 UNIVERSITY DR. #450	CORAL SPRINGS, FL 33076	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Johnny Grand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/20/00 Daytime Phone #: 954 721 2288

CS 014 0000