

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-17-2001 91340 011 ***150.00

DOCUMENT # **P97000097353**

1. Entity Name

PRESTIGE APPLIANCE REPAIR, INC.

Principal Place of Business

Mailing Address

2825 N. UNIVERSITY DR. #410

2825 N. UNIVERSITY, #410

CORAL SPRINGS, FL 33076

CORAL SPRINGS, FL 33076

2. Principal Place of Business

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

65-0793138

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~JOHNNY GRAND
 2825 N. UNIVERSITY DR. #410
 CORAL SPRINGS, FL 33076~~

Name **MARVIN GRAND**
 Street Address (P.O. Box Number is Not Acceptable) **1912 S. UNIVERSITY DR #128**
 City **DAVIE** FL Zip Code **33314**

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

Marvin Grand

6-1-2001

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

(NOTE: Registered Agent signature required when rechartering)

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, 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 **D JOHNNY GRAND** Delete
 STREET ADDRESS **2825 N. UNIVERSITY DR. #410**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33076**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
 TITLE NAME **DIRECTOR MARVIN GRAND** Change Addition
 STREET ADDRESS **1912 S. UNIVERSITY DR #128**
 CITY-ST-ZIP **DAVIE FL 33314**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGN HERE

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 of 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 respective 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:

Marvin Grand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2001

Date Daytime Phone #