2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM P98000003960 DOCUMENT # **Secretary of State** PRESTIGE EVENTS PLANNING & MARKETING, INC. Principal Place of Business Mailing Address 1110 NW 202 ST. 1110 NW 202 ST. MIAMI FL MIAMI FL 33169 33169 US 2. Principal Place of Business 3. Mailing Address 2254 NW 3 STREET 2254 NW 3 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For FL MIAMI MIAMI 65-0806320 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33125 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ WENDY WENDY GONZALEZ 1110 NW 202 ST. Street Address (P.O. Box Number is Not Acceptable) 2254 NW 3 STRETT MIAMI FL33169 City Zip Code MIAMI 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. 04/30/2001 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE X Change ☐ Addition GONZALEZ. MAME ORLANDO M NAME GONZALEZ ORLANDO 1110 NW 202 ST. STREET ADDRESS STREET ADDRESS 2254 NW 3 STREET CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP MIAMI ☐ Delete D TITLE X Change NAME GONZALEZ WENDY NAME GONZALEZ WENDY \mathbf{C} STREET ADDRESS 1110 NW 202 ST. STREET ADDRESS **2254 NW 3 STREET** CITY-ST-ZIP MIAMI \mathbf{FL} 33169 CITY-ST-ZIP MIAMI FL33125 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

04/30/2001

Daytime Phone #

Date

PRES

WENDY C. GONZALEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _