

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90008 018 \*\*\*150.00

**DOCUMENT #**  
 1. Entity Name **P9800000426**  
*Prosperity & You Inc.*



**Prosperity & You**  
**P.O. Box 2184**  
**Miami, FL 33197-2184**  
**Ph. (305) 787-0699**

**Principal Place of Business**  
 10971 S.W. 178th Ave.  
 Perrine, Fla. 33157

**2. Principal Place of Business**  
 10971 S.W. 178th Ave.

**3. Mailing Address**  
 P.O. Box 2184

**City & State**  
 Perrine Fla

**City & State**  
 Fla

**4. FEI Number**  
 65-0835675

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

00089183

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**OFFICIAL CORPORATE SEAL**  
**PROSPERITY AND YOU, INC.**  
**FLORIDA 1998**

**Prosperity & You!**  
**P.O. Box 2184**  
**Miami, FL 33197-2184**  
**Ph. (305) 787-0699**

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.

**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 <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

*None* *None*

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:** *May R. Kiley* **4-25-00 (305) 251-5947**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)