2000 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2000 8:00 am Secretary of State DOCUMENT # P98000066067 PRESTIGE MORTGAGE PROVIDERS, INC. 04-21-2000 90035 016 ***150.00 Principal Place of Business Mailing Address 13499 BISCAYNE BLVD 13499 BISCAYNE BLVD #107 MIAMI FL 33181-2035 MIAMI FL 33181 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0854303 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARRIOS, JORGE A Street Address (P.O. Box Number is Not Acceptable) 1951 NE 185 TERR. N. MIAMI BEACH FL 33179 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. -Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Po Change ☐ Addition ☐ Delete TITLE TITLE BARRIOS, JORGE A. 13499 BISCAMNE BUD #107 BARRIOS, JORGE A NAME NAME STREET ADDRESS STREET ADDRESS 1600 N.E. 114TH STREET #304 CITY-ST-ZIP MIAMIL #2 33181 CITY-ST-ZIP MIAMI FL 33181 ☐ Addition Change VD □ Delete TITLE TITLE LEVY, ZAHAYA LEVY, ZAHAVA NAME NAME 13499 BISCAYNE BUVD \$107 1600 N.E. 114TH STREET #304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33181 CITY-ST-7IP **MIAMI FL 33181** Change Change __ Addition ☐ Delete TITLE TITLE BARRIOS, ZONIA G-NAME BARRIOS ZONIA NAME 13499 BSCAYNEBLYD. #107 1600 N.E. 114TH STREET #304 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL. 33181 **MIAMI FL 33181** CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

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 alpother like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00 (325)958