

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90133 049 \*\*\*150.00

**DOCUMENT # P99000007465**



1. Entity Name  
**PRESTIGE EUROPEAN AUTO SERVICE INC.**

Principal Place of Business  
**711 W. BROWARD BLVD.  
FT. LAUDERDALE FL 33312**

Mailing Address  
**711 W. BROWARD BLVD.  
FT. LAUDERDALE FL 33312**



2. Principal Place of Business  
**811 NW 1<sup>st</sup> Street L**

3. Mailing Address  
**811 NW 1<sup>st</sup> St**

CHECK HERE IF MAKING CHANGES

City & State  
**FL Lauderdale**

City & State  
**FL Lauderdale**

4. FEI Number  
**65-0884392**

Applied For  
 Not Applicable

Zip Country  
**FL 33311 USA**

Zip Country  
**FL 33311 USA**

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**

**BRISLAND, ROBIN**  
**711 W. BROWARD BLVD. 811 NW 1<sup>st</sup> St**  
**FT. LAUDERDALE FL ~~33312~~ 33311**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRISLAND, ROBIN 711 W. BROWARD BLVD. 811 NW 1 <sup>st</sup> St FT. LAUDERDALE FL <del>33312</del> 33311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRISLAND, MARIELOUISE C 711 W BROWARD BLVD 811 NW 1 <sup>st</sup> St FORT LAUDERDALE FL <del>33312</del> 33311 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** \_\_\_\_\_ **04/21/03** **954 760 1111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)