

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000010754**

1. Entity Name

**PRESTIGE INSURANCE AGENCY INC.****FILED****Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90034 020 \*\*\*150.00

**819130**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>10899 SUNSET DRIVE #202 MIAMI FL 33173</b>	Mailing Address <b>10899 SUNSET DRIVE #202 SUITE 202 MIAMI FL 33173</b>
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number <b>65-0893104</b>	Applied For <input type="checkbox"/> Not Applicable
---------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8:75</b> Additional Fee Required
---	---------------------------------------

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

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

<b>FILGUEIRAS, WILLIAM 10899 SUNSET DRIVE #202 MIAMI FL 33175</b>
---

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.
---

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
----------------------------	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FILGUEIRAS, IVANIA 14391 S.W. 24TH ST. MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FILGUEIRAS, WILLIAM 14391 S.W. 24TH ST. MIAMI FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FILGUEIRAS, JOSE 1620 S.W. 96TH AVE. MIAMI FL 33165 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>William Filgueiras</i> <b>WILLIAM FILGUEIRAS</b>	Date <b>3/30/01</b>	Daytime Phone # <b>(305) 273-6699</b>
--	---------------------	---------------------------------------

CR2E034 (10/00)