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

## DOCUMENT # P99000029327

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000029327						FILED May 15, 2001 8:00 am Secretary of State				
1. Entity Name PRESTIGE DESIGN CONSULTANTS, INC.							05-15-2001 90008 (			
PHESTI	JE DESIGN CONSULTANTS, I	ING.					03-13-2001 90008 (	J47 130	.00	
Principal Plac	e of Business	Mailing Address								
1100 S.E. 5TH	COURT	1100 S.E. 5TH COURT						غيد.		
Suite 95 Pompano Beach FL 33030		SUITE 95 POMPANO BEACH FL 33030				763154				
						1   1   1   1   1   1   1   1   1   1		11 <b>010 10100</b> 11110 11	SII LEET ILEE	
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			<b>4.</b> F	El Number	65-0907448	— <del>— —</del>	oplied For	}
Zip	Country	Zip	Count	try	5. (	Certificate of S	itatus Desired	\$8.75 Add		1
	6. Name and Address of Current F	Registered Agent	<del></del>	<u> </u>	7. N	lame and Ad	dress of New Registered		<u> </u>	1
200	MER, WILLIAM D ESQ.			Name		•	· · · · · · · · · · · · · · · · · · ·			]
		}	Street Address (P.O. Box Number is Not Acceptable)					1		
	) E. OAKLAND PARK BLVD. T LAUDERDALE FL 33334		-				<del>-</del>			1
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		· · · · · · · · · · · · · · · · · · ·		City		·	F	L Zip Cod	e - <del></del>	
9. This corporate filing r	FILE NOW!!	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 ake Check Payable to Department of State			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees					
	ia on back) OFFICERS AND D		12.	partmen		DITIONS (CH	ANGES TO OFFICERS AN	D DIBECTOR	S INI 11	1
11.	PSD OFFICERS AND L	Delete	TITLE		(400	Dess C	HANGE)	Change	Addition	8
NAME	MORASH, MICHAEL		NAME		HAA S	E 57#	CT #97	- •	_	(10/00)
STREET ADDRESS CITY-ST-ZIP	3015 N. OCEAN BLVD. APT. 11- FT. LAUDERDALE FL 33308	Ē 		T ADDRESS ST-ZIP	Pompan	00 SE 5TH CT #97 SIMPANO BEACH FL 33060				S CR2E034 (
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CITY-ST-ZIP				ST-ZIP	Pompan	· Beach	FL. 33060			[
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CITY-ST-ZIP				ST-ZIP						
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Street address				T ADDRESS					ı	
CITY-ST-ZIP			CITY-S	ST-ZIP					Į	

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: MICHAEL MORASH PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR