2000 UNIFORM BUSINESS REPORT (UBR)

5/1

DOCUMENT # P99000032280

05-19-2000 90003 001 ***150.00

APPROVED AND FILED

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STATE FLORIDA

1. Entity Name
PRESTIGE MULTI SERVICE'S INC.

Principal Place of Business	Mailing Address
500 N. SANADILL AVE. W. PALM BCH FL 33401	907 LAKE SHORE DR., #107 LAKE PARK FL 33403-2841

2. Principal Place of Business Sapadillo
SAME 500 N sapadillo Ave
Suite, Apt. #, etc. 907 LAK
City & State W.P.B.
Zip 33407 Country U.S.A

3. Mailing Address
Suite, Apt. #, etc. P.O. Box 12153
City & State LAKE PARK FL
Zip Country U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0916990 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCKENZIE, ELLIS
907 LAKE SHORE DR., #107
LAKE PARK FL 33403

7. Name and Address of New Registered Agent
Name SAME Ellis McKenzie
Street Address (P.O. Box Number is Not Acceptable) 500 N. Sapadillo Ave
W.P.B FL
City LAKE Park West Palm Beach FL Zip Code 33407

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S BARBARA MCKENZIE 907 LAKE SHORE DR #107 LAKE PARK FL 33403 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: ______________________ 04/21/00 863-4170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #