

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

06-08-2001 90006 003 ***150.00

DOCUMENT # P99000032280

1. Entity Name

PRESTIGE MULTI SERVICE'S INC.

Principal Place of Business

**500 N. SAPADILLO AVE.
 WEST PALM BEACH FL 33401**

Mailing Address

**P.O. BOX 12153
 LAKE PARK FL**

2. Principal Place of Business

500 N. SAPADILLO AVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 12153

Suite, Apt. #, etc.

City & State

W. P. B FL

Zip

33403

Country

U.S.A

City & State

LAKE PARK FL

Zip

33401

Country

U.S.A.

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

500 N. SAPADILLO AVE.

WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

MCKENZIE ELLIS

Street Address (P.O. Box Number is Not Acceptable)

500 N. SAPADILLO AVE

W. P. B

City

FL

Zip Code

33403

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **S** ☐ Delete
 NAME **S**
 STREET ADDRESS **MCKENZIE, BARBARA**
 CITY-ST-ZIP **907 LAKE SHORE DR., #107
 LAKE PARK FL 33403**

TITLE **D** ☐ Delete
 NAME **BESLYN TRACU**
 STREET ADDRESS **500 N. SAPADILLO AVE**
 CITY-ST-ZIP **W. P. B FL 33401**

TITLE **Pres** ☐ Delete
 NAME **ELLIS MCKENZIE**
 STREET ADDRESS **500 N. SAPADILLO AVE**
 CITY-ST-ZIP **W. P. B. FL 33401**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/2001

Date

Daytime Phone #

CR2E034 (5/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032280

1. Entity Name

PRESTIGE MULTI SERVICE'S INC.

Principal Place of Business

500 N. SAPADILLO AVE.
WEST PALM BEACH FL 33401

Mailing Address

P.O. BOX 12153
LAKE PARK FL

2. Principal Place of Business

500 N. SAPADILLO AVE
Suite, Apt. #, etc.

3. Mailing Address

12153 P.O. BOX 12153
Suite, Apt. #, etc.

City & State

W. P. B. FL

City & State

LAKE PARK FL

4. FEI Number

65-0916990

Applied For

Not Applicable

Zip

33401

Country

Zip

33403

Country

USA

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

6. Name and Address of Current Registered Agent

MCKENZIE, ELLIS
500 N. SAPADILLO AVE.
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

MCKENZIE ELLIS

Street Address (P.O. Box Number is Not Acceptable)

500 N. SAPADILLO AVE

City

W. P. B. FL 33

City

LAKE

FL

Zip Code

33401

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.

(N/A) 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	MCKENZIE, BARBARA	
STREET ADDRESS	907 LAKE SHORE DR., #107	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	BARBARA MCKENZIE	<input type="checkbox"/> Delete
NAME	BARBARA MCKENZIE	
STREET ADDRESS	755 LAKE PARK DR.	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	DR. ELLIS MCKENZIE	<input type="checkbox"/> Delete
NAME	DR. ELLIS MCKENZIE	
STREET ADDRESS	500 N. SAPADILLO AVE	
CITY-ST-ZIP	W. P. B. FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DR. ELLIS MCKENZIE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. ELLIS MCKENZIE	
STREET ADDRESS	500 N. SAPADILLO AVE	
CITY-ST-ZIP	W. P. B. FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1/2001 561-8634170

CR2E034 (10/00)