2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # P99000 e multi service's inc.		Secretary of State 06-08-2001 90006 003 ***150.00					
, HEOTIGI	· ·		100	2/				
Principal Plac	ee of Business	Mailing Address	—— / (4	7				
500 N. SAPADILLO AVE. P.O. BOX 12153 WEST PALM BEACH FL 33401 LAKE PARK FL					•	U * U F		
						(4)(4) (14)((4)(4)	(1 5) 11 (6)	
2. Principal F	Place of Business	3. Mailing Address		_				
	· sapodilla Arc	12153		•				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		}	DO NOT WRITE IN T	'HIS SPACE		
	B FC	City & State LAKE PARK	FL	4. 1	65-0916990	No.	oplied For ot Applicable	
Zip 3340	Country U· S· 4		Country U·S·H·	5. (Certificate of Status Desired	\$8.75 Add Fee Require		
<u> </u>	6. Name and Address of Current Re	<u> </u>	<u> </u>	7. 1	Name and Address of New Registe	<u></u>		
regarder express		سيوريسيس البيار سرات	-Name-m	chi	nzie - Ellis			
MCKENZII	·		Street Addres	s (P.O. E	Sox Number is Not Acceptable) A	112		
	Apadillo ave. Lm Beach Fl 33401		500	, O.	D. D.			
11201 170	an serior records		City		<i></i>	FL Zb Code	e	
	named entity submits this statement for the					FL Z	108	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After September 12, 2 Make Check Payable					10. Election Campaign Financing Trust Fund Contribution.		May Be	
11.	OFFICERS AND DI		12.	AC	DDITIONS/CHANGES TO OFFICERS			
NAME 5	S MCKENZIE, BARBARA	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS	907 LAKE SHORE DR., #107		STREET ADDRESS					
CITY-ST-ZIP	LAKE PARK FL 33403		CITY-ST-ZIP			Chasse		
TITLE D	855 MM /RAG	□ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS	300 W. Sanodi	HA AUE	STREET ADDRESS					
CITY-ST-ZIP	W.Y. B FC	33401	CITY-ST-ZIP			☐ Change	☐ Addition	
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STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	M. I. 12. 1	CC 33(61 □ Delete	CITY-ST-ZiP			☐ Change	Addition	
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STREET ADDRESS			STREET ADDRESS					
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STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP					
	certify that the information supplied with the lon this report or supplemental report is true							
of the cor	rporation or the receiver or trustee empowers or on an attachment with an address, with	ered to execute this report as	required by Chapter 6	507, Flori	ida Statutes; and that my name appe	ears in Block 11 or	r Block 12 if	

2001 UNIFORM BUSINESS REPORT (UBR)

1	MENT # P99000 0	32280		_	:				
PRESTIGE MULTI SERVICE'S INC.						Lun al	0.40.010	D	
Principal Pla	ce of Business	Mailing Address			1 14	79U	NINUIT	7	
500 N. SAPAD		P.O. BOX 12153			7,	44-2	50 1 (~ X	1	
WEST PALM B	BEACH FL 33401	LAKE PARK FL			l LY	CH'		X	
)							W 100		
	Place of Business	3. Mailing Address							
Suite, Apt		Suite, Apt. #, etc.	0. <u>Bozels</u>	<i>4</i> \$3	,	DO NOT WRITE I	N THIS SPACE		
City & Sta	BIC	City & State LAKE PAL		َ	4. FEI Number	65-0916990		Applied For Not Applicable	}
23 CE	Country	Zip 33403	Country S A		5. Certificate of 5	Status Desired	□ \$8.75 A		
7.7 4.4	6. Name and Address of Current F				7. Name and Ad	dress of New Reg	stered Agent		
MCK	(ENZIE, ELLIS	*	Name_	M	Chen2	re Ell	<u>/'S</u>		-
500	n. Sapadillo ave.			Street Address (P.O. Box Number is Not Acceptable)					
WES	ST PALM BEACH FL 33401		•	W	· P. B	FC	33		
}		•	City	Al-			FL Z33	de اه گ	
8. The above	e named entity submits this statement for	the purpose of changing it: re	egistered office o	r register	ed agent, or both, in	the State of Florid	a.	7	İ
0.00.47.05		39.7							
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NO 1:1	Registered Agent cignal	ture required	when reinstating)		DATE		ŀ
Tax filing :	cration is eligible to satisfy its Intangible requirement and elects to do so. In an back)	FILE NOW !! After MAY 1, 2: 0 Make Check Paye il		550.00	Trust F	n Campaign Financ und Contribution.		00 May Be d to Fees	
11.	OFFICERS AND D	DIRECTORS	13260	ort.	ADDITIONS/CH/	NGES TO OFFICE	RS AND DIRECTOR		_
TITLE "	S McKenzie, Barbara	Delete ///	NAME NAME	E	1/13 /	ME ENZA	Change	Addition است	000
STREET ADDRESS	907 LAKE SHORE DR., #107		STREET ADDRESS	ו או		Spodi	114 AV	,,,	ğ
CITY-ST-ZIP	LAKE PARK FL 33403	□ Delete	CITY-ST-ZIP	IR Es	egan vy	<u> </u>	33401 (1) Change	Addition	CR2E034 (10/00)
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TITLE ORKE	too selve Tene	□ Delete	TITLE	 -			Change	Addition	
NAME "STREET ADDRESS"	DE3914-84400	11111 242	NAME 						
CITY-ST-ZIP	33421	EL.	CITY-ST-ZIP	<u> </u>			<u>'</u>	<u>_</u>	
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CITY-ST-ZIP			CITY-ST-ZIP				; Change	Addition	
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THILE		□ Delete	TITLE				☐ Change	☐ Addition	
NAME		00000	NAME		•				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			•			
13. Thereby o	entify that the information supplied with the	his filing does not qualify for the	ne exemption stat	ed in Sec	tion 119.07(3)(i), Fl	orida Statutes. I furt	her certify that the	information	
of the cor changed,	on this report or supplemental report is to poration or the receiver or trusted empoy or on an attachment with a address of the control of	rue and accurate and that his vered to execute this report as in all other like empowered	signature shall his required by Cha	ave the si ipter 607,	ame legal effect as Florida Statutes; ar	ii made under oath id that my name ap	pears in Block 11 c	ir Block 12 if	_
SIGNAT	URE:	NTED NAME OF SIGNING OFFICER OR		<u></u>	6/ 6	_/200	Dayuma Phone #	/	/ Si
L <u> </u>			<u>-</u> -		 _		<i></i>	_ /J	