

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000036770

1. Entity Name

Prestige Service Transport, Inc

FILED

02 JAN 23 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8040 NW 103 St

Suite, Apt. #, etc.

Suite # 45

City & State

Miami, FL

Zip

33016

Country

USA

3. Mailing Address

Same.

Suite, Apt. #, etc.

City & State

Zip

Country

2000-2002 UBR

4. FEI Number

65-0915764

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ismael L. De Leon

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

8040 NW 103 St Suite 45

City

Miami

FL

Zip Code

33016

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 of principal place of business or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

1/22/02

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Ismael L. De Leon
8040 NW 103 St Suite 45
Miami, FL 33016

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

400004917344-2

-02/13/02--01107-011

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1/22/02

Daytime Phone #

282

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$450.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **PRESTIGE SERVICE TRANSPORT, INC.**

Thank you for your courtesy in this matter.


ISMAEL L. DE LEON
PRESIDENT