

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90111 038 ***150.00

DOCUMENT # P99000036770

1. Entity Name
PRESTIGE SERVICE TRANSPORT, INC.



Principal Place of Business
7265 N.W. 84TH AVE.
MEDLEY FL 33016

Mailing Address
7265 N.W. 84TH AVE.
MEDLEY FL 33016

2. Principal Place of Business
2775 W. 62ND ST
Suite, Apt. #, etc.
#101

3. Mailing Address
2775 W. 62ND ST
Suite, Apt. #, etc.
#101

City & State
HIALEAH FLORIDA

City & State
HIALEAH FLORIDA

Zip
33016

Country
USA

Zip
33016

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0915764

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE LEON, ISMAEL L
7265 N.W. 84TH AVE.
MEDLEY FL 33016

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DE LEON, ISMAEL L
7265 N.W. 84TH AVE.
MEDLEY FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DE LEON, ISMAEL L
2775 W. 62ND ST #101
HIALEAH, FL 33016 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/03 (305) 8243156
Date Daytime Phone #

CR2E034 (10/02)