

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043401

1. Entity Name

J & P PRESTIGE CORPORATION

FILED
Jan 17, 2001 8:00 am
Secretary of State

0155060

01-17-2001 90095 028 ***150.00

003422



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address					
100 N BISCAYNE BLVD #2904 MIAMI FL 33132		100 N BISCAYNE BLVD #2904 MIAMI FL 33132					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MARTINON, MARIE L 100 N BISCAYNE BLVD #2904 MIAMI FL 33132				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.

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. <input type="checkbox"/> (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 State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS			
<p><input type="checkbox"/> Delete</p> <p>P MARTINON, MARIE L 100 N BISCAYNE BLVD #2904 MIAMI FL 33132</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p> <p>D TERNINCK, JANINE 100 N BISCAYNE BLVD #2904 MIAMI FL 33132</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p> <p></p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p> <p></p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p> <p></p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
<p><input type="checkbox"/> Delete</p> <p></p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	

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: MARTINON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/01 (305) 373-0360
Date Daytime Phone #

CR2E034 (10/00)