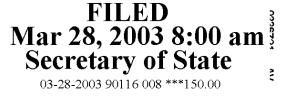
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)** V32273 **DOCUMENT #** 1. Entity Name



PRESTIGE TITLE & RESEARCH CO., INC.						03 20 2003 90110 0	.00 13	70.00	
Principal Place of Business 6261 NW 6TH WAY #202 FORT LAUDERDALE FL 33309 US 2. Principal Place of Business		6261 #202 FORT US	Mailing Address 6261 NW 6TH WAY #202 FORT LAUDERDALE FL 33309 US 3. Mailing Address						
z. micipari	lace of Busiliess	J. 1VIA	iling Address		İ	1 1000 41100 1110 1100 1101 1100 1111 1111 1111 1111	***************************************		
Suite Apt.		Sui	te, Apt. #, etc.			☐ CHECK HERE IF MAKING	CHANGES	}	
City & Star	<del>, '                                   </del>	City	るいで。 A State	01	4	1. FEI Number OF OAFGEO		Applied For	
Zip	Country	7:-		L 0		65-0458560		lot Applicable	
Ζip	Country	Zip		Country	5	5. Certificate of Status Desired	<b>\$8.75</b> Ad Fee Requir	dditional ed	
	6. Name and Address of Curre	nt Register	ed Agent		7.	7. Name and Address of New Registered A			
CAINITO LIQUIANDO O				_ Name _	Name				
Gaines, Howard S. 6261 NW 6TH Way				Street Address	s (P.O.	Box Number is Not Acceptable)		**	
STE 202	VIII WAT								
FORT LAUDERDALE FL 33309				City		FL	Zip Cod	de	
8. The above	named entity submits this statement	for the pure	oose of changing its	registered office or regist	tered a	agent, or both, in the State of Florida. I am f	amiliar with	and accept	
the obligat	lions of registered agent.	, ,		3					
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if app	plicable. (NOTI	E: Registered Agent signature require	red wher	an reinstating) DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Department					9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS AN	D DIRECTO	PRS	11.	-		DIRECTOR	RS IN 11	
TITLE NAME Street address City-St-Zip	D GAINES, HOWARD S. 6201 NW 6TH WAY #202 上 FORT LAUDERDALE FL 33309	ı	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE Name Street address City-St-Zip			☐ Delete	TITLE  NAME  STREET ADDRESS CITY-ST-ZIP		The second of the second of	Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		7,76	Change	Addition	
IITLE NAME STREET ADORESS STY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP			□ Delete ✓	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	Addition	
of the corp	on this report of supplemental report	owered to	accurate and that m execute this report a	v signature shall have the	same	n 119.07(3)(i), Florida Statutes. I further certi e legal effect as if made under oath; that I ar orida Statutes; and that my name appears in	n an officer	or director	

SIGNATURE:

SIMPLETIFIC REQUIRED
SIGNATURE WIDTHPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

974 491-191L