

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V69543

1. Entity Name

PRESTIGE FINANCIAL SERVICES CORPORATION

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90003 040 ***150.00

Principal Place of Business

1287 EAST NEWPORT CENTER DR
SUITE 203
DEERFIELD BEACH FL 33442
US

Mailing Address

1287 EAST NEWPORT CENTER DR
SUITE 203
DEERFIELD BEACH FL 33442-7706
US

2. Principal Place of Business

13798 NW 4 St
Suite, Apt. #, etc.
312

3. Mailing Address

13798 NW 4 St
Suite, Apt. #, etc.
312

City & State

Sunrise FL

City & State

Sunrise FL

Zip

33325

Country

USA

Zip

33325

Country

USA

4. FEI Number

65-0363891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, DONALD S
1287 EAST NEWPORT CENTER DR
SUITE 203
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name

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

13798 NW 4 St Suite 312

City

Sunrise

FL

Zip Code

33325

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

2/3/00

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 DP
NAME JONES, DONALD S
STREET ADDRESS 1287 E NEWPORT CENTER DR SUITE 203
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE S
NAME CARPENTER, MARILYN
STREET ADDRESS 1287 E NEWPORT CENTER DR SUITE 203
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME Jones, Donald S.
STREET ADDRESS 13798 NW 4 St Suite 312
CITY-ST-ZIP Sunrise, FL 33325 ☒ Change ☐ Addition

TITLE S
NAME Carpenter, Marilyn
STREET ADDRESS 13798 NW 4 St Suite 312
CITY-ST-ZIP Sunrise FL 33325 ☒ Change ☐ Addition

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00

Date

954-851-9800

Daytime Phone #

CR2E034 (9/99)