2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91602 002 ***158.75

552800

DOCUMENT # V69543

1. Entity Name
Prestige Financial Services Corp

Principal Place of Business	Mailing Address
13798 NW 4 St. #312 Sunrise, FL 33325	13798 NW 4 St #312 Sunrise, FL 33325
2. Principal Place of Business: 2017 NE 24 St	3. Mailing Address: 2017 NE 24 St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wilton Manors FL	City & State: Wilton Manors FL
Zip: 33305 Country: US	Zip: 33305 Country: US

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
Jones, Donald S 13798 NW 4 ST #312 Sunrise, FL 33325	Name: Donald Jones Street Address (P.O. Box Number is Not Acceptable): 2017 NE 24 St City: Wilton Manors FL Zip Code 33305

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] Donald S. Jones 4.25.01
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. (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. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Jones, Donald S. 13798 #312 Sunrise, FL 33325 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2017 NE 24 ST Wilton Manors, FL 33305
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Marilyn Carpenter 13798 NW 4 St #312 Sunrise, FL 33325 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (11/00)

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] Donald S. Jones 4.25.01 954.232.5737
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #