Office of Labor-Management: Standards Washington, DC 20210

UNIVI LIVITA RECEIPTS AND DISBURSEMENTS REPORT

Office of Management and Budget No. 1245-0003 Expires: 08-31-2016

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 459 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended: (LMRDA)



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

542892 Month/Day/Yea Month/Day/Year 1. File Number C- 67.5 2. Period Covered (mm/dd/yyyy) (mm/dd/yyyy) By This Report From: Through: A. Person Filing 3. Name and mailing address (include ZIP Code): 4. Any other address where records necessary to verify this report are kept: President CEO Name Name: President CE Title . Title. Prostage Consulting Solution Organization Prestige: Gonsulfing S P.O. Box, Building and Rooph Number of any

509 South Chick ospw 17. A P.O. Box, Building and Room Number, if any Street Street Orlando City City ZIP Code + 4 32825 ZIP Code + 4 32825 State State Signatures Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is; to the best of the undersigned's knowledge and belief; true, correct, and complete. (See the Section on penalties in the instructions): 17. Signed President 18. Signed. Treasurer (If other title, see (if other title, see President Treasurer Title instructions) instructions)

> ه ∜راد ی Will be Out of Business in 2014

Name of Person Filling: JOSON FOOTIGUEZ	File	Number C- 675	
B. Statement of Receipts Report all receipts from employers in connection with la or services:	bor relations advice or services r	egardless of the purpos	es of the advice
Trade Name Wood Distribution	.Mailing Address: P.O. Box, Building and Room Nur Street	nber, if any	
Title SI VP of Warrow Resource	City State	ZIP Code	+4
5.b. Termination Date 9/21.12073 6: TOTAL RECEIPTS FROM ALL EMPLOYERS \$150,17500	5.c. Amount / 58,175.	Pajd	
C. Statement of Disbursements Report all disbursements made by the reportite to the employers listed in Part B. 7. Disbursements to Officers and Employees: (a) Name (b) Salary (c) Expenses (d) Total		th labor relations advice	e or services rendered
	9. Office and Admin	nistrative Expenses	-
MISIAM NOVATIO 50.06100 ASC	7,067,0/1. Fees for Profess	sional Services	A A A A A A A A A A A A A A A A A A A
ERNESTO &UNIGN 13514815 1985 14575913, 1912	5759 33. Other Disburser		10.60-0
8. Total disbursements to officers and employees: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	7:5 9 7 3 14. Total Disburseme	nts (Sum of Items 8-13)	125,759,13
D. Schedule of Disbursements for Reportable Activity. Use this Schedule instructions.	to report only disbursements ma	de for the purposes des	cribed in Part D of the
Prestige Consulting Solutions	15.b. Trade Name, If any:	ng Servi	Ge 5
Taxan Partiano	15.d. Amount	43 H 1 58,	175.
Title President CEO	15.e. Purpose	le emple,	yees to,
Organization Prestige Consulting Solving	as to the	PERSUNCE OF	e enployee Fextercising
P.O. Box, Building and Room Number, it any So 9 South Chicks son TRATY Street City OR Inn do	The Right to Borgoin, Coll Representative	organize estigety s of their	and langh
State Washington Y / Or / Or ZIP Code + 4 32825	Choosing,		