

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2000 8:00 am
Secretary of State

05-06-2000 90178 001 ***750.00

DOCUMENT # M48309
1. Entity Name
PRIMA PROPERTIES AT DAVIE, INC.
Principal Place of Business
4702 SW 74TH AVENUE
MIAMI FL 33155
US

Mailing Address
1330 NW 78 AVE
MIAMI FL 33126-1606
US
2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
SHARE, LESLIE A.
1500 SAN REMO
#125
CORAL GABLES FL 33140

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Row 1: DPS, CANTOR, ALBERTO, 4702 SW 74TH AVENUE, MIAMI FL 33155.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Includes checkboxes for Change and 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] 4/17/00 305-426-2849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (9/99)