

FROM : 0

PHONE NO. : 305 559 4094

FILED
May 19, 2001 8:00 am
Secretary of State

05-19-2001 90280 046 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059774

1. Entity Name:

PRIMERA CLASE INTERNACIONAL, INC.

A0070504

Principal Place of Business	Mailing Address
10350 WEST BAY HARBOR DR SUITE 2G BAY HARBOR ISLANDS, FL 33154	

2. Principal Place of Business	3. Mailing Address
10350 W. Bay Harbor Dr Suite, Apt. #, etc. Suite 2G	City & State

City & State Bay Harbor, Fl	City & State	4. FEI Number 65-1021490	Applied For Not Applicable
Zip 33154	Country USA	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NANCY PULECIO 6039 COLLINS AVENUE #1734 MIAMI BEACH, FL 33140		Name Street Address (F.O. Box Number is Not Acceptable) City	

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: _____

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

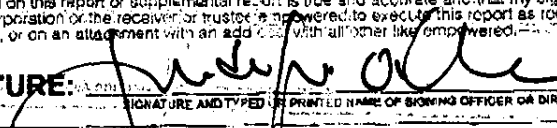
FILE NOW!!! FEE IS \$1,000
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election/Campaign Financing: \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT JUAN R ORTIZ 6039 COLLINS AVE #1734 MIAMI BEACH, FL 33140	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 addressee with all other like empowered.

SIGNATURE: 

04/29/01 305-8677320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR