

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070852

1. Entity Name

PRIME FLORIDA LAND CORP.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90451 047 ***150.00

Principal Place of Business

9629 WESTVIEW DR., PMB 276
CORAL SPRINGS FL 33076

Mailing Address

9629 WESTVIEW DR., PMB 276
CORAL SPRINGS FL 33076

2. Principal Place of Business

4613 N. University Dr.
Suite, Apt. #, etc.
287

3. Mailing Address

4613 N. University Dr.
Suite, Apt. #, etc.
287

City & State

Coral Springs, FL 33067

City & State

Coral Springs, FL 33067

Zip

33067

Country

US

Zip

33067

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0909344

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RAND, SCOTT
9529 WESTVIEW DR PMB
276
POMPANO BEACH FL 33076

7. Name and Address of New Registered Agent

Name

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

4613 N. University Dr. #287
City Coral Springs FL Zip Code 33067

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 1 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/01

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

TITLE D
NAME RAND, SCOTT
STREET ADDRESS 500 S. AUSTRALIAN AVENUE #120
CITY-ST-ZIP WET PALM BEACH FL 33407

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4613 N. University Dr. #287
Coral Springs FL 33067

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Scott Rand
Pres

Date

Daytime Phone #

4/25/01

954-341-1409

CR2E034 (10/00)