

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070852

1. Entity Name

PRIME FLORIDA LAND CORP.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90268 049 ***150.00

Principal Place of Business

Mailing Address

9629 WESTVIEW DR., PMB 276
 CORAL SPRINGS FL 33076

9629 WESTVIEW DR., PMB 276
 CORAL SPRINGS FL 33076-2513



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

65-0909344

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

RAND, SCOTT
 7491 N FEDERAL HWY
 STE 176
 BOCA RATON FL 33487

Name

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

9629 Westview Dr. PMB 276

City

Coral Springs

FL

Zip Code
 33076

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

Scott Rand

Scott Rand

1/18/00

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Change Addition
 NAME
 STREET ADDRESS **9629 Westview Dr. PMB 276**
 CITY-ST-ZIP **Coral Springs, FL 33076**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

1/18/00

Date

954-341-1409

Daytime Phone #

CR2E034 (9/99)