

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030110

1. Entity Name

PRIME PARTNERS, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90018 010 ***150.00

Principal Place of Business

80 S.W. 8TH STREET
SUITE 2800
MIAMI FL 33130

Mailing Address

80 S.W. 8TH STREET
SUITE 2800
MIAMI FL 33130-3036

2. Principal Place of Business

2801 FLORIDA AVENUE

3. Mailing Address

2801 FLORIDA AVENUE

Suite, Apt. #, etc.

STE. 14

Suite, Apt. #, etc.

STE. 14

City & State

COCONUT GROVE, FL

City & State

COCONUT GROVE, FL

Zip

33133

Country

USA

Zip

33133

Country

USA

4. FEI Number

65-0671206

Applied For

Not Applicable

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

EVANS, LESLIE R
250 ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33840

Name

LESUE R. EVANS

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

214 BRAZILIAN AVENUE

STE. 200

City

PALM BEACH

FL

Zip Code

33480

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 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 WENZEL, PETER H
CITY-ST-ZIP 80 S.W. 8TH STREET SUITE 2800
MIAMI FL 33130

TITLE ☒ Change ☐ Addition
NAME PETER H. WENZEL
STREET ADDRESS 2801 FLORIDA AVE., STE. 14
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE ☐ Delete
NAME BOAN, JOSEPH
STREET ADDRESS 80 S.W. 8TH STREET SUITE 2800
CITY-ST-ZIP MIAMI FL 33130

TITLE ☒ Change ☐ Addition
NAME JOSEPH BOAN
STREET ADDRESS 2801 FLORIDA AVE., STE. 14
CITY-ST-ZIP COCONUT GROVE, FL 33133

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)