2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # 565870 1. Entity Name

PRIME REALTY ASSOCIATES, INC.



Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90079 042 ***150.00

Principal Place of Business 6300 PARK OF COMMERCE BLVD. **BOCA RATON FL 33487**

Mailing Address 6300 PARK OF COMMERCE BLVD. **BOCA RATON FL 33487**

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip

20011509	

FILED

☐ CHECK HERE IF MAKING CHANGES 4. FEI Number

65-0171493 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent **C T CORPORATION SYSTEM** 1200 SOUTH PINE ISLAND RD.

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

BOLA RATION, FL

City

Name

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. I am familiar with, and accept the obligations of registered agent.

Country

SIGNATURE

Zip

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

7. Name and Address of New Registered Agent

\$5.00 May Be Added to Fees

Applied For

10.	OFFICEDO AND THE								Į
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7(P

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete