

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 632317

1. Entity Name

PRIME AIRPORT SERVICES, INC.

Principal Place of Business

Mailing Address

2261 NW 66TH AVE
BLDG 702-G Suite 218
MIAMI FL 33126-33152
US

PO BOX 523342
MIAMI FL 33152
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1934486

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

MEYER, FELIPE
2261 NW 66TH AVE
BLDG 702-G Suite 218
MIAMI FL 33126-33152

Name

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

City

FL

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TIAL, EDUARDO
2261 NW 66 AVE., BLDG. 702-G Suite 218
MIAMI FL 33126-33152

S
MEYER, FELIPE
2261 NW 66 AVE., BLDG. 702-G Suite 218
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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

1/29/01

Date

305-8769458

Daytime Phone

0187574

CR2E034 (10/00)

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

03-19-2001 90032 041 ***150.00



DO NOT WRITE IN THIS SPACE