

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95278

1. Entity Name

PRIME TIME SALES, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90018 026 ***150.00

Principal Place of Business

Mailing Address

C/O ESSIE PRINCE
~~201 NE 1ST AVENUE~~
HALLANDALE FL 33009

C/O ESSIE PRINCE
1101 E HALLENDALE BCH BLVD
HALLANDALE FL 33009-4431
US

00000278



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1101 E HALLENDALE BCH BLVD

1101 E HALLENDALE BCH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HALLANDALE FL

City & State

HALLANDALE FL

4. FEI Number

59-2206954

Applied For

Not Applicable

Zip

Country

33009

USA

Zip

Country

33009

USA

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

PRINCE, ESSIE
830 NE 27TH AVENUE
HALLANDALE FL

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, 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	PD	<input type="checkbox"/> Delete
NAME	PRINCE, ESSIE	
STREET ADDRESS	830 NE 27TH AVENUE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PRINCE, AARON	
STREET ADDRESS	830 NE 27TH AVENUE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PRINCE, AARON	
STREET ADDRESS	830 NE 27TH AVENUE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Essie Prince
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/4/00 954-454-9911