

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G13766

1. Entity Name

PRIME MORTGAGE INVESTORS, INC.

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90037 002 ***550.00

Principal Place of Business

312 MINORCA AVE
CORAL GABLES FL 33134

Mailing Address

312 MINORCA AVE
CORAL GABLES FL 33134

2. Principal Place of Business

3971 S.W. 8th

3. Mailing Address

Same

Suite, Apt. #, etc.
301

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

59-2253184

Applied For

Not Applicable

Zip

33134

Country

DAVE

Zip

33134

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMAR, FERNANDO
312 MINORCA AVE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Fernando Lamar

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

3991 Kunkin Ave

Coconut Grove

FL

Zip Code
33133

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE PD
NAME LAMAR, FERNANDO
STREET ADDRESS 312 MINORCA AVE
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 3991 Kunkin Ave
STREET ADDRESS
CITY-ST-ZIP Coconut Grove, FL 33133 ☐ Change ☒ Addition

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

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

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

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

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

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

8/24/00

Date

Daytime Phone #

CR2E034 (5/00)