

2001 UNIFORM BUSINESS REPORT (UBR)

0016397 AF

DOCUMENT # L00000005550

1. Entity Name
PRIMENET, LLC

FILED

01 MAR -5 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5513 N MILITARY TRAIL
#708
BOCA RATON FL 33496

Mailing Address

5513 N MILITARY TRAIL
#708
BOCA RATON FL 33496



2. Principal Place of Business

1570 N.W. 3RD STREET
Suite, Apt. #, etc.

3. Mailing Address

1570 N.W. 3RD STREET
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DEERFIELD BEACH, FLA.

City & State

DEERFIELD BEACH, FLA.

4. FEI Number

65-1053346

Applied For

Not Applicable

Zip

33442

Country

U.S.A.

Zip

33442

Country

U.S.A.

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANELLA, ROSS H
2237 N COMMERCE PARKWAY
SUITE 3
WESTON FL 33326

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LONDON, JOEL
5513 N MILITARY TRAIL #708
BOCA RATON FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LONDON, ROBERTA STEINFELD
5513 N MILITARY TRAIL #708
BOCA RATON FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300003889523--8
-03/21/01--01015--010
*****50.00 *****50.00

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

R. Steinfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/01/01

Date

954-596-5991

Daytime Phone #

CR2E083 (11/00)