

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012025 AF

DOCUMENT # L00000009311

1. Entity Name  
PRIME DEVELOPMENT, LLC

FILED

01 APR 23 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
C/O GERALD SCHILIAN, ESQ.  
4875 N. FEDERAL HIGHWAY, 10TH FLOOR  
FT. LAUDERDALE FL 33308

Mailing Address  
C/O GERALD SCHILIAN, ESQ.  
4875 N. FEDERAL HIGHWAY, 10TH FLOOR  
FT. LAUDERDALE FL 33308

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

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHILIAN, GERALD ESQ.  
C/O SCHILIAN & WATARZ, P.A.  
4875 N. FEDERAL HIGHWAY, 10TH FLOOR  
FT. LAUDERDALE FL 33308

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

10. ADDITIONS / CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Gregory Baum / MANAGER  
3312 N 16TH ST  
FT LRD FL 33305 ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400004163004--3  
-05/08/01--01117--001  
\*\*\*\*\*50.00 ~~50.00~~ 50.00 ☐ Change ☐ Addition

TITLE NAME  
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CITY-ST-ZIP  
☐ Delete

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☐ Delete

TITLE NAME  
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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:

SIGNATURE REQUIRED

04-18-01 954-567-2282

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

Date

Daytime Phone #

CR2E083 (11/00)