

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90021 032 \*\*\*150.00

**DOCUMENT # L47514**

1. Entity Name

**PRIMEAMERICA REALTY AND INVESTMENT, CORP.**

Principal Place of Business

2701 LE JEUNE RD.  
 #401  
 CORAL GABLES FL 33134  
 US

Mailing Address

P.O. BOX 160785  
 MIAMI FL 33116-0785

2. Principal Place of Business

10300 SUNSET DR  
 Suite, Apt. #, etc.  
 #140

3. Mailing Address

P.O. Box 160785  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, Florida

City & State

MIAMI, FL.

4. FEI Number **65-0173518**

Applied For  
 Not Applicable

Zip

33173

Country

Zip

33116

Country

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

OTERO, JORGE A  
 2701 LE JEUNE RD.  
 #401  
 CORAL GABLES FL 33134

Name **Jorge A. Otero**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10300 SUNSET DR**  
**Suite #140**  
 City **MIAMI** FL Zip Code **33173**

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 **Jorge A. Otero President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/20/2001**

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

TITLE	DPV	<input type="checkbox"/> Delete
NAME	OTERO, JORGE A	
STREET ADDRESS	2701 LE JEUNE RD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	ST	<input type="checkbox"/> Delete
NAME	OTERO, JORGE A	
STREET ADDRESS	2701 LE JEUNE RD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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	10300 SUNSET DR #140	
CITY-ST-ZIP	MIAMI, FL. 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	10300 SUNSET DR #140	
CITY-ST-ZIP	MIAMI, FL. 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **Jorge A. Otero President** **4/20/2001** **305**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)